



## PERMISSION TO AUTHORIZE MEDICAL CARE

I give authority to Fair Oaks Lacrosse Club, its coaches and assistant coaches to obtain appropriate emergency medical attention for my child in the event my child is injured while participating in the sport of lacrosse and in the event that I or another parent or guardian cannot readily be contacted to grant such permission.

NOTE: Please read and agree to the statement below.

I certify that my child has undergone a physical examination within the past year and has the physician's and my permission to play a contact sport. I also certify that my child is covered under the above described primary policy and understand that the insurance provided to players is in excess of my child's primary policy. I agree to notify the coach immediately if the primary policy described above is invalid for any reason.

Signed \_\_\_\_\_ On \_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_

Player Name \_\_\_\_\_