



**Centre Lacrosse
Player Release and Consent to Treat Form**

Please Read Carefully and Sign:

I understand there are risks of physical injury by participating in sports and recreational activities or programs. Please consider participant's own health and tolerance for risk before participating in any sport.

I hereby release Centre Lacrosse and all its members, officials, agents, and volunteers from any and all liability or loss or damage or injury to person or personal property that my child or I may experience in connection with activities sponsored by Centre Lacrosse.

Parent/Guardian Name _____

Signature _____ Date _____

This is to certify that on this date, I _____, as a parent or guardian of _____, (athlete participant), or for myself as an adult participant, give my consent to Centre Lacrosse to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant, for any injury that could arise from participation in Centre Lacrosse sanctioned events.

If said participant is covered by any insurance company, please complete the following:

Insurance Company: _____

Policy Number: _____