

CONSENT TO PLAY AND LIABILITY RELEASE

Player Name: _____ POSITION _____

Team: __ HS __ OPEN team name _____

Address _____ Phone# _____

Age: _____ Date of Birth: _____

US Lacrosse Membership # _____

E-mail address _____

Years Playing Experience _____

GRADE: _____

I hereby give permission for _____ to participate in the the Island Summer Lacrosse League thru BD LAX /Beach Dogs Lacrosse “Summer League”. I acknowledge that lacrosse is a High speed sport which may involve some contact. I am aware of no medical condition, illness or injuries that would prevent my myself or my child from participating in all aspects of this team membership except as follows (Please state the medical condition and supply a letter from the child’s health care provider indicating the limitations or restrictions for the child’s participation):

I hereby give permission to provide emergency medical assistance to my child in case of accident or injury. I agree to indemnify and hold harmless BD Lax, Beach Dogs Lacrosse , the Town of Portsmouth, RI, and any individual working as an officer, coach, employee, agent, or volunteer in any capacity for this organization or event for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child’s participation I this program.

If under 18 years old, Signature of Parent/Guardian:

All Participants, Signature of player:

Insurance Carrier: _____

Policy Number: _____

Date: ____ / ____ / ____