

PLAYER'S LAST NAME: _____

El Dorado Hills Lacrosse
Emergency Contact and Information Sheet

Player's full name: _____

Address: _____

City, State, Zip: _____

Birthdate: _____

Father's name: _____

Contact phone numbers: _____

Mother's name: _____

Contact phone numbers: _____

Emergency Contact Name: _____

Emergency Contact phone numbers: _____

Family Doctor: _____

Doctor's phone: _____

Insurance carrier: _____

Policy number: _____

Special medical information (asthma, allergies, medication, etc): _____

In case of emergency, I understand every effort will be made to contact me, my spouse, the emergency contact, or the licensed health care provider identified above. In the event no one listed above can be reached, I hereby give my permission to the El Dorado Hills Youth Lacrosse Club coach, assistant coaches, directors, volunteers, or parents of other team members acting as activity supervisors, to serve as my agent in order to secure treatment for the player named above, including, but not limited to, transportation, hospitalization, anesthesia, surgery, or injections of medication for my child.

Dated: _____

Printed name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

RELEASE OF LIABILITY AND MINOR WAIVER:

In consideration of being allowed to participate, in any way, in the El Dorado Hills Youth Lacrosse Club ("EDH LAX"), and its related events and activities (including, but not limited to practices, games, camps, travel to/from club related activities, participating in fundraising events, attending social events, etc.), the undersigned and their agents or representatives **agree and understand:**

1. That parent(s), and/or participants should inspect the facilities and equipment to be used prior to participation. Any safety concerns should be immediately addressed to the coach or other adult in charge, and if none is available, the parent(s), legal guardian(s) and/or participants shall not participate until such concern is remedied;
2. That each participant will be engaging in activities that involve risk of serious injury, including, but not limited to, risk of permanent disability or death, and the resulting financial losses and property damage, which may result not only from the actions of the participant or EDH LAX, but also the actions of others, rules of play, or condition(s) of the facilities or equipment;
3. That based upon those risks mentioned, and any other foreseeable or unforeseeable risk, the parent(s), legal guardian(s) and/or participants shall accept personal responsibility for any physical, emotional or economic injury or property damage;
4. That parent(s), legal guardian(s) and/or participants, their heirs or assigns, release, waive, discharge and covenant not to institute any claim or action against EDH LAX, its administrators, coaches, members, employees, contractors, and volunteers from any and all claims, demands, losses or damages on the account of any risks mentioned, and any other foreseeable or unforeseeable risk.

THE UNDERSIGNED HAS READ THIS RELEASE OF LIABILITY AND MINOR WAIVER, AND UNDERSTANDS THAT IT INVOLVES GIVING UP SUBSTANTIAL RIGHTS. THE UNDERSIGNED, BY THEIR SIGNATURE BELOW, VOLUNTARILY AGREES TO BE BOUND BY THE TERMS OF THIS RELEASE OF LIABILITY AND MINOR WAIVER.

Dated: _____

Printed name of Parent/Legal Guardian

Printed name of Participant

By: _____
Signature of Parent/Legal Guardian

By: _____
Signature of Participant

TRANSPORTATION INFORMATION:

EDH LAX assumes no liability, and DOES NOT provide insurance coverage for transporting players/participants to or from any EDH LAX activity. By signing below, you acknowledge that you accept and understand the above.

Signature of Parent/Legal Guardian

Date

Signature of Player

Date