

# WESTVIEW LACROSSE PARENT AUTHORIZATION FORM

PLEASE BRING COMPLETED FORMS TO Registration Night  
Westview HS Lacrosse  
3300 NW 185th  
P.O. Box 62  
Portland, OR 97229

## PLAYER INFORMATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST NAME FIRST NAME DOB

\_\_\_\_\_  
HOME PHONE MOBILE EMAIL

## PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
NAME HOME PHONE MOBILE

\_\_\_\_\_  
RELATIONSHIP EMAIL

\_\_\_\_\_  
EMERGENCY CONTACT PHONE

## PLAYER'S MEDICAL HISTORY

\_\_\_\_\_  
ALLERGIES

\_\_\_\_\_  
CURRENT MEDICATIONS

\_\_\_\_\_  
LAST TETANUS SHOT

## HEALTH PROVIDER INFORMATION

\_\_\_\_\_  
PHYSICIAN NAME PHONE

\_\_\_\_\_  
DENTIST NAME PHONE

## INSURANCE INFORMATION

\_\_\_\_\_  
CARRIER GROUP/POLICY NUMBER ID NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NAME OF INSURED DOB

## PARENT/GUARDIAN AUTHORIZATION

I understand that participation in the sport of lacrosse may result in injuries and that the protective equipment does not prevent all injuries to players. I do hereby release Westview High School Lacrosse Team and any persons associated with said team, from all liability for any claim arising out of any injury to my child. In the event of an emergency, I authorize medial treatment and/or transportation to the nearest hospital, as deemed necessary, to the above named child.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE