



CARDINAL GIRLS LACROSSE MEDICAL LIABILITY WAIVER FORM

As parent or guardian of _____, I acknowledge and accept the risks inherent in the sport. With this knowledge in mind, I grant permission for my child to participate in the Cardinal Girls Lacrosse program including possible travel with the team or teammates. I acknowledge that my daughter is in good health. I also give my consent to have my daughter practice and play on the grounds of all facilities determined by the Cardinal program. I do hereby grant permission for her participation in all activities, athletic or otherwise, sponsored by Cardinal and release from responsibility said organization, the Cardinal staff, & third party organizations (facility, equipment manager, trainer) for any injuries sustained by her or expenses incurred there from, while engaged in any activity.

Please sign on the following line indicating you have read and agreed to the above.
I agree _____.

MEDICAL INFORMATION

Player's Name: _____ D.O.B. ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

NO HEALTH CONDITIONS AT THIS TIME

Known Condition(s):

- Allergies (food, insects, drugs, latex) OR Allergies (seasonal)
- Head or spinal injury
- Asthma or breathing problems
- Hearing problems or deafness
- Attention-Deficit/Hyperactivity Disorder
- Heart problems
- Hearing (hearing aid, deaf)
- Diabetes / Diabetic (uses insulin __pen __syringe)
- Bleeding problem or Seizures
- Dental problems or Vision problems (requires contacts or glasses)
- Describe any other important health-related information about your child

OTHER HEALTH CONDITION(S) _____

List all prescription, over-the-counter medications, and herbal supplements or medications your child is currently taking or may need in case of an emergency:

INSURANCE INFORMATION

INSURANCE POLICY HOLDER NAME _____

INSURANCE CARRIER _____ ENROLLMENT CODE _____

IN CASE OF EMERGENCY

CONTACT NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE # _____ CELL PHONE _____

Cardinal Lacrosse will not use or disclose the personal information collected on this Medical/Liability form for purposes other than emergency notification or an emergency response event without the explicit authorization of the registrants parent/guardian.