

Alameda Attack Lacrosse Club Medical Release and Parent Permission

Player Name \_\_\_\_\_

**PARENTAL CONSENT/RELEASE**

I, the parent/guardian of the above-named player, a minor, agree that the player and I will abide by the rules and regulations of the Alameda Attack Lacrosse Club (AALC). In consideration of the player's participation in the lacrosse program and activities of AALC, I, on behalf of myself and the player and our respective heirs, administrators and successors, and/or assigns, hereby release, waive, discharge and covenant not to sue AALC, its administrators, directors, agents, coaches, other players and participants, sponsoring agencies, the owner/lessors or lessees of premise used to conduct the programs and activities of AALC, from any and all claims, liabilities, damages, or causes of action arising out of or in any way related to, the player's participation in the programs and activities of AALC, including but not limited to player's transportation to and from any program or activity, which transportation is hereby authorized. I understand that each player will be engaging in activities that may involve risk of serious bodily injury, including disability and death. I as a parent/guardian of player understand that I have the right and responsibility to refuse my child's participation in any program or activity if I believe anything about the premises, equipment, program or activity is unsafe. Further, I believe my child is physically able to participate in competitive lacrosse, and I hereby give my permission for him/her to do so. I also give consent to emergency medical care provided by any hospital, medical facility or licensed healthcare practitioners, including but not limited to medical doctors, dentists, nurses or emergency medical technicians or other paramedics.

Parents/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

**MEDICAL INFORMATION**

Health problems/restrictions \_\_\_\_\_  
Physician: \_\_\_\_\_  
Phone Number of Physician \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Group # \_\_\_\_\_

**EMERGENCY CONTACTS**

Mother \_\_\_\_\_ Day/Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
  
Father \_\_\_\_\_ Day/Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Contacts \_\_\_\_\_