

# 91 Lacrosse Medical Release Form

Players Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_  
Parents: Mom \_\_\_\_\_ Dad \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mom Cell \_\_\_\_\_ Work Phone \_\_\_\_\_  
Dad Cell \_\_\_\_\_ Work Phone \_\_\_\_\_  
Physicians Name \_\_\_\_\_ Phone # \_\_\_\_\_

## In Case of Accident/Emergency

Name/Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
1<sup>st</sup> Alternate Name/Relationship to Child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Medical Emergency Authorization

I hereby authorize 91 Lacrosse to arrange for emergency medical treatment for my child, while my child is under 91 Lacrosse's care. I understand that in the event I cannot be reached, I hereby consent to and authorize the physician and hospital selected by the 91 Lacrosse Supervisor to hospitalize, secure proper treatment for, to order injection, anesthesia, surgery and any preliminary, further and additional treatments, procedures, tests, etc, that may be in the judgment of the doctor and/or hospital advisable or necessary at the time, for my child, as named above. I hereby authorize the 91 Lacrosse Director to administer over the counter medication (Tylenol, Dramamine, Pepto Bismol, etc.) and first aid for minor injuries as deemed necessary.

Parent/Guardian Name (print) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Insurance Form

Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. 91 Lacrosse provides only excess coverage after your insurance policy has been utilized. Please indicate the name/address/phone of your family health insurance carrier below:

Insurance Carrier \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Policy/Group # \_\_\_\_\_ Insurance ID# \_\_\_\_\_

## Liability Release

In consideration of my attendance, I the undersigned participant, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I, or any of us may hereafter have against 91 Lacrosse, or its respective officers, agents, representatives and/or assigned for any damages which may be sustained or suffered by me in connection with or entry in and/or arising out of my traveling to participation and return from the facility

Signature \_\_\_\_\_ Date \_\_\_\_\_