



Medical Waiver

Name of Participant: _____ DOB: _____

Address: _____

Phone: _____ Emergency Phone: _____

Is the participant allergic to any medication(s)?: _____

List any significant injuries, illnesses or conditions of which the staff should be aware:

INSURANCE INFORMATION

Parent/Guardian Name: _____

Health Insurance Carrier: _____

Policy Number: _____

I am aware that lacrosse is a contact sport and that there is a risk of injury while practicing, playing or competing in the game of lacrosse. I hereby give permission to provide emergency medical assistance and hospitalization, if necessary, to my child in case of accident or injury. I agree to indemnify and hold harmless Seacoast United Lacrosse Club and any of their officers or directors, and any individual working as a referee, coach, employee, agent or volunteer in any capacity for this organization and/or this tournament, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this tournament. I have read the above paragraph and understand it fully. I assume all risk of injury.

Parent/Guardian Signature: _____ Date: _____