

Mules Lacrosse Club

**CONTACT INFORMATION &
MEDICAL RELEASE FORM**

Return to David W. Monnich via fax, email or hand delivery asap



PLAYER

NAME: _____

School: _____

Date of Birth: _____ Grade: _____

Address: _____

Best Tel.No. for player contact: _____

Best EMAIL for player contact: _____

Tshirt Size: _____ Short Size: _____

RESPONSIBLE PARTY Information:

Father: _____ Email: _____

Tel. No.'s / Cell: _____ Work: _____

Home: _____

Address: _____

Mother: _____ Email: _____

Tel. No.'s / Cell: _____ Work: _____

Home: _____

Address: _____

Guardian or Other Responsible Party: _____

Email: _____

Tel. No.'s / Cell: _____ Work: _____

Home: _____

Address: _____

MEDICAL INSURANCE INFORMATION

Insurance Company _____

Group Name _____ ID No. _____

Please attach copy of front & back of insurance coverage card to this form

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MEDICAL INFORMATION:

Family Physician: _____ Tel.No.: _____

Address: _____

Hospital Preference: _____

Any Allergies? _____

Any Medical Conditions? _____

Date of Last Tetanus Toxoid Booster? _____

TEAM RELEASE

The information provided on this form will be shared only with team personnel, participants and medical personnel. I/we recognize that I/we are responsible for my child's medical costs incurred due to accident or illness. I/we will hold the coach's and/or other volunteers or agents of Mules Lacrosse harmless for incidents which may arise from participation as part of the Mules Lacrosse team in practice or games, realizing that there are inherent risks in these activities. I/we recognize that all participants are required to wear proper protective equipment and that each participant is required to provide such equipment. Such equipment may not prevent all injuries due to the inherent risks involved with participating in contact sports. In case of emergency and the fact that I/we can not be contacted in an expeditious manner, I/we hereby authorize my child to be treated by a Certified Emergency Provider (i.e. Personal Physician, EMT, ER Physician) and further consent to XRay examination, anesthesia, and/or medical or surgical diagnostic procedues or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services

Father /Authorized Parent/Guardian Signature Date: _____

Mother /Authorized Parent/Guardian Signature Date: _____

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US LACROSSE MEMBERSHIP AGREEMENT

(SIGNATURES ARE REQUIRED FOR ACCEPTANCE OF
MEMBERSHIP)

In consideration of my membership in US Lacrosse, and my participation in US Lacrosse sanctioned, recognized or sponsored events (“Covered Events”), I agree to the following:

- 1) **WAIVER AND RELEASE**: I am fully aware of and appreciate the risks, including the risks of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of my participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such organization’s youth lacrosse events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth lacrosse league shall constitute the host organization for such Covered Events.
- 2) **MEDICAL ATTENTION**: I hereby give my consent to US Lacrosse and the host organization of and Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Covered Events.

