

**Consent for EMERGENCY MEDICAL ATTENTION and LIABILITY WAIVER Form**

**Page 1 of 2**

Each participant traveling with the Stallions Lacrosse Club under the age of 21 years of age is required must complete all spaces of this form. Please TYPE or PRINT in INK.

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***PERSONAL INFORMATION:***

Player's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parents or Guardians: Father \_\_\_\_\_ Phone # \_\_\_\_\_

Mother \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

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***HEALTH INSURANCE INFORMATION:***

Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Health Insurance Phone # \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant? PLEASE SPECIFY \_\_\_\_\_

Please list any ALLERGIES (to medications and foods), special health problems, current medications including herbal supplements (if any). \_\_\_\_\_

PLEASE provide copy of insurance card (front and back)

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***EMERGENCY NAMES / Phone #'s :***

Parent's Work Numbers:

(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Name and Relationship of ANOTHER person to CONTACT\* (if a relative please identify)

\* \_\_\_\_\_ Phone #( ) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ Office Phone # ( ) \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ Office Phone # ( ) \_\_\_\_\_

# Stallions lacrosse Club

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Page 2 of 2

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### **CONSENT FOR MEDICAL ATTENTION:**

**I understand that I have a duty to provide primary accident and medical insurance for my child and I declare that my child covered by primary accident and medical insurance.**

In the event reasonable attempts to contact the legal guardians from page 1 information have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist. This authorization does NOT cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are as follows...

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**Date:** \_\_\_\_\_ **Signature of Legal Guardian** \_\_\_\_\_

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### **LIABILITY WAIVER:**

**DESCRIPTION OF EVENT** \_\_\_\_\_

I agree, for myself, my child, my heirs, executors, and administrators, to not sue, to release and fully discharge, indemnify and hold harmless, the Stallion Lacrosse Club, its board of directors, agents and servants, successors and assigns, affiliated contractors and volunteers, and other organizations and their employees and volunteers, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation, attendance at, TRAVEL TO AND FROM THE ABOVE EVENT and related activities – whether it results from the negligence of any of the above or from any other cause.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

### **FOR PARTICIPANTS UNDER AGE 21:**

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent / Guardian of Participant UNDER 21