

Fall Practices 2015 Participation and Medical Release

Athlete Name _____ Grade _____ DOB _____
Address _____ City _____ State _____ Zip _____
Name of Parent _____ E-Mail _____ Cell _____
US Lacrosse # _____ Exp Date: _____

If person named above is not available in the event of emergency, notify:

Name _____ Relationship _____ Cell _____
Health Insurance Carrier _____ Policy # _____
Allergies/Medical Issues _____

In consideration of my participation in Empower Lacrosse Club 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 Empower Lacrosse Club, 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. Additionally, I allow Empower Lacrosse Club to use images of my child for marketing purposes.

2. Medical Attention:

I hereby give my consent to Empower Lacrosse Club and the host organization of any Covered Event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency services as warranted in the course of my participation in Covered Events.

3. Readiness to Compete:

I will only participate in those Covered Events in which I believe I am physically and psychologically prepared to compete.

Name of Parent/Guardian (print) _____

Signature of Parent/Guardian _____ Date _____

Fall Practice Series	\$225	_____		
After September 11	\$275	_____		
Pinnie Deposit (if you do not have)	\$25	_____	Total Due	\$ _____

Please make checks payable to RDB Marketing, PO Box 24, S Woodstock, VT 05071