



# Fall PRACTICE Participation and Medical Release - 2016

Athlete Name \_\_\_\_\_ HS Grad Yr. \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Parent \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Cell \_\_\_\_\_ Field Position/s \_\_\_\_\_  
 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 \_\_\_\_\_

Division/Year Of HS Graduation: 2025 \_\_\_\_\_ 2023/24 \_\_\_\_\_ 2021/22 \_\_\_\_\_ HS \_\_\_\_\_

\*Fall Practice Series \$175 \_\_\_\_\_

Fall Practice Series postmarked AFTER Sept. 2, 2016 \$200 \_\_\_\_\_

Pinnie Deposit (if you do not have) \$25 \_\_\_\_\_ Total\$ \_\_\_\_\_

Checks payable to Empower Lacrosse Club, Inc, 16 Downing Rd, Hanover NH 03755.

\*Fall Tournament fees are separate and have a separate Registration/Medical Release Form.

Location: Huntley Meadows. Practice dates: 9/11, 9/18, 9/25, 10/2, 10/16. Make up: 11/6.

