

Cedar Park Boy's Lacrosse Participation & Medical Release Form

Name of Player: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Parent/Guardian Permit: I give my consent for the above named student to participate in the Cedar Park Boy's Lacrosse Organization (the Club). This includes, but is not limited to, practices, games, travel with the coach and/or team representatives, and other sponsored events. I agree that the above named student will abide by all lacrosse club rules and the lacrosse code of conduct. (please initial) _____

Club Grade Policy: Cedar Park Lacrosse has a no pass/no play policy. (please initial) _____

Website Pictures: I give my consent to post my player's photograph on the Club's website and for my son to be videotaped and or photographed while participating in Cedar Park Lacrosse. (please initial) _____

Team Directory: I give my consent to publish information in a team directory. (please initial) _____

Assumption of Risk & Release of All Claims: It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident or injury still remains. Each coach is aware of the dangers and will make every effort to prevent injuries with proper conditioning, protective equipment and safe practices. However, not all injuries are preventable and SEVERE INJURIES OR EVEN DEATH CAN OCCUR DURING ATHLETIC PARTICIPATION. The Lacrosse Team coaches, the lacrosse board, parental volunteers, the Cedar Park Boy's Lacrosse Organization, Leander Independent School District (LISD), nor the City of Cedar Park assumes any responsibility in case an accident occurs. I understand the possible risk of injury present in athletic participation. I do hereby agree to indemnify and save harmless the Cedar Park Boy's Lacrosse Organization, its agents, employees and officers from any and all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators or assigns may have or claim to have against the Cedar Park Boy's Lacrosse Organization, its agents, employees, officers, parent-volunteers, successors in interest or assigns for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

Medical Consent: If, in the judgment of any representative of the Cedar Park Boy's Lacrosse Organization, the above student should need immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any Physician, Athletic Trainer, Emergency Medical Personnel, Nurse, Hospital or organization representative. In the event of serious injury or illness, I understand that an attempt will be made by a club representative, attending Physician or EMT to contact me in the most expedient way possible. If direct communication is not possible, the treatment necessary for the welfare of above student is authorized. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care deemed advisable. I also do hereby agree to indemnify and hold harmless the adult leader in charge, the coaches of the Cedar Park Boy's Lacrosse team, the Lacrosse Player/Parent Organization, parental volunteers, LISD, and the City of Cedar Park from any claim by any person whatsoever on account of such care and treatment of my child.

Name of Physician: _____ Phone: _____

Insurance Information:

I hereby release the Cedar Park Boy's Lacrosse Organization from responsibility for any injuries that should occur to above student in any club activities for the school year. I understand that I am responsible for all medical expenses associated with participation in the program.

_____ I have family Insurance. My policy information follows

Insurance Company: _____ Policy Number _____

_____ I do not have health insurance coverage

Non-Prescription Authorization: I hereby give my consent to Cedar Park Boy's Lacrosse Organization to administer the non-prescription items to my child as initialed

_____ Acetaminophen _____ Ibuprofen _____ Benedryl _____ Decongestant _____ Sore Throat Lozenges _____ Antacids

Medical Conditions: Please list any medical conditions that would limit participation in club activities

If anytime during the school year, any illness or injury should occur that might limit this student's participation I agree to notify the coach and the Board Secretary to amend this form.

Medications: Please list any medications taken regularly

Allergies: Please list any known allergies

Date: _____ Signature of Parent/Guardian: _____