

SOUTH JERSEY SELECT LACROSSE MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administered to my child (name) _____ in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below. I also hereby assume the responsibility for payment of any such treatment.

Home Address:	_____		
Home Phone:	_____		
Work Number (Mother):	_____	Cell Phone	_____
Work Number (Father):	_____	Cell Phone	_____
Insurance Company:	_____		
Policy Number:	_____		

SPECIAL INFORMATION REGARDING MEDICAL HISTORY

PERSON TO NOTIFY IF PARENTS CAN'T BE REACHED			
Name	_____		
Daytime Phone	_____	Cell Phone	_____
Name	_____		
Daytime Phone	_____	Cell Phone	_____

CONSENT TO MEDICAL TREATMENT		
<p>If the above named participant needs emergency medical treatment and neither parent nor the family doctor can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.</p>		
Signature of Parent / Guardian	Print Name	Date

Family Physician:	_____		
Address:	_____		
Telephone Number:	_____		
Known Allergies:	_____		

PLEASE SEE REVERSE SIDE

**AMATEUR ATHLETIC
MINOR WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in South Jersey Select Lacrosse athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue South Jersey Select Lacrosse, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent or Guardian (Signature/Relationship)

Date

Parent or Guardian (Signature/Relationship)

Date

Printed Name of Parent or Guardian: _____

Printed Name of Participant: _____

Address of Participant: _____

Institution/Organization: South Jersey Select Lacrosse

PLEASE SEE REVERSE SIDE