

## **Elk River Youth Lacrosse Association Informed Consent/Waiver Form**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Recognizing the possibility of physical injury associated with the sport of lacrosse. I hereby release, discharge, and/or otherwise indemnify the Elk River Youth Lacrosse Association, its affiliate association, member teams, event hosts and each of them and their directors, officers, employees, operators, trustees, members and agents against and from any and all claims, expenses, costs, damages, loss, accidents, fines, judgments, awards, liabilities and causes of action as a result of the registrant's participation in the sport of lacrosse. I assume all risks associated with participation in this sport, including, but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport of lacrosse. All such risks to my child are known and understood by me.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Consent for Medical Treatment:**

As a parent of legal guardian of the player listed above, I hereby give my consent to Elk River Youth Lacrosse Association to provide emergency medical treatment of an injury or illness of my child if qualified medical or dental personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent/Guardian Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Cellphone \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Pre-existing medical conditions (allergies or chronic illness) \_\_\_\_\_

If player has a medical condition, how is it treated? \_\_\_\_\_

Other Contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to player \_\_\_\_\_