



PLYMOUTH YOUTH LACROSSE  
WAIVER AND RELEASE OF LIABILITY  
MEDICAL ATTENTION CONSENT  
PHYSICAL CONDITION STATEMENT

As the parent or guardian of a child/children registering to participate in Plymouth Youth Lacrosse, I acknowledge I am authorized to agree to the following with respect to all Plymouth Youth Lacrosse practices, games and any other events and activities my child/children may participate in.

**WAIVER AND RELEASE OF LIABILITY.** I understand that the risks of participation in lacrosse and in the practices, games and any other activities and events with which Plymouth Youth Lacrosse is affiliated with, organizes and/or participates in. With respect to Plymouth Youth Lacrosse board members, coaches, volunteers, officials, contractors, and other program participants and their families, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child/children or myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child/children may experience or incur in connection with my child/children's participation in Plymouth Youth Lacrosse practices, games and other activities and events. On my behalf, and on behalf of my child/children, my heirs, and personal representatives, I hereby release, covenant not to sue, discharge, and hold harmless Plymouth Youth Lacrosse agents and representatives, of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to my child/children's participation in Plymouth Youth Lacrosse practices, games and other activities and events.

**MEDICAL ATTENTION** I hereby give my consent to Plymouth Youth Lacrosse to provide transportation and/or emergency medical services as warranted during my child's participation in Plymouth Youth Lacrosse practices, games, activities, and events. I will inform my child's/children's coach and the Plymouth Youth Lacrosse Board of any medical condition that may impact my child's/children's ability to participate safely and will provide information

regarding all medications and other treatments my child/ren may utilize during Plymouth Youth Lacrosse practices, games, activities, and events.

**PHYSICAL CONDITION:** The child/children I am registering has/have passed an annual physical exam within the past twelve months and has/have permission to participate in the 2026 Plymouth Youth Lacrosse Program. I believe my child/children is/are in proper physical condition to participate in the game of lacrosse. By signing here, I acknowledge that I have read the above statement carefully and understand its content.