

PLAYER INFORMATION & MEDICAL RELEASE

Player Information

Name : _____ D.O.B. _____ Age _____

Address: _____ Home: _____ Cell: _____

_____ Players Grade: _____

Insurance Company: _____

Group Number: _____ Policy Number: _____

Allergies/Health Conditions / Medications: _____

Emergency Contact # 1 _____

	Name	Number
Emergency Contact # 2	_____	_____
	Name	Number

Guardian Information:

Fathers Legal Name: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Fathers E-Mail Address: _____

Mothers Legal Name : _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Mothers E-Mail Address: _____

I _____ (Guardian Name) am granting permission for my child to play lacrosse for the Endless Mountain Lacrosse Association. I am also granting permission to the coaching staff to act on my behalf to authorize preliminary medical treatment if so needed. Though a physical is not required, I attest my child is of good health and does not have any physical or mental limitations that would prevent him/her from playing lacrosse at an average level.

Parent/Guardian Signature

Date

