

WWSHS LACROSSE CLUB
Emergency Medical Release & Liability Waiver

Players Name: _____ Birthdate: _____
Street Address: _____ City: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: () _____ Bus Phone: () _____

Mother's Name: _____ Home Phone: () _____ Bus Phone: () _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Home Phone: () _____ Bus phone: () _____

Name: _____ Home Phone: () _____ Bus phone: () _____

Allergies: _____

Other medical Conditions: _____

Physician: _____ Home phone: () _____ Bus phone: () _____

Medical/Hospital Insurance Company: _____ Phone: () _____

Policy Holder's Name: _____ Policy Number: _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER
BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned applicant/participant (if applicant/participant is 18 years of age or older) or the parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risks to applicant/participants's person including serious bodily injury, partial or total permanent disability, paralysis or death, and severe social and/or economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further acknowledge, that there are or may be other unknown risks not reasonably foreseeable at this time, I/we assume all the forgoing risks and accept personal responsibility for the damages following any such injury, permanent disability or death, and hereby release, discharge, covenants to indemnify and save harmless and agree not to sue the Wheaton-Warrenville South High School Lacrosse Club, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of any premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all claims by or on behalf of the applicant/participant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participation in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also, agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I)we have given up substantial rights by signing this release and sign below voluntarily. Med.rel revised 2/12/02

Applicant/Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If Applicant/Participant is 17 years of age or younger)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT