



LACROSSE CAMP MEDICAL RELEASE FORM (ALL PLAYERS PARTICIPATING MUST PROVIDE THIS FORM)

Function: _____

Participant's Name: _____ U.S. Citizen YES _____ NO _____

Address: _____

City/State/Zip: _____

DOB: _____ Sex: _____ Team & Age Division: _____

Father's Name _____ Home Phone (____) _____ Cell Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Cell Phone (____) _____

Emergency Phone Number Other Than Parent / Guradian

Name: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Allergies: _____

Other Medical Conditions: _____

Primary Medical Insurance Company: _____

Policy Holder's Name _____ Policy Number _____

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and sever social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby to release, discharge, covenants to indemnify and not to sue Global Soccer Consulting Inc., the Long Island Rough Riders, US Lacrosse Inc., Park Lacrosse Club, Inc., the County of Nassau, its affiliated organizations and sponsors, their coaches, managers, employees, and associated personnel, officers, directors, agents, including the owners and leasers of 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 against any claim by or on behalf of the applicant 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 participating 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. I understand that this document may not be altered in any manner and that any alteration without the express written consent from Global Soccer Consulting, Inc., will cause the participant to be removed from the Program. (Revised 05/01/11)

Parent/Guardian Signature _____ Date _____

(Parent/Guardian's Signature is required if participant is under the age of 18)

THIS FORM MUST BE FILLED OUT, SIGNED AND PRESENTED AT REGISTRATION IN ORDER FOR THE PLAYER TO PARTICIPATE IN THE CAMP. THERE WILL BE NO EXCEPTIONS MADE!