

2009-2010 BOWIE HIGH SCHOOL BOYS LACROSSE CLUB REGISTRATION / MEDICAL RELEASE FORM

Player (first, last name) \_\_\_\_\_ Preferred name on roster \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Bowie ID \_\_\_\_\_ PE Credit Y \_\_\_\_\_ N \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Player E-Mail \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ E-Mail \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ E-Mail \_\_\_\_\_ Cell \_\_\_\_\_

U.S. Lacrosse Member ID \_\_\_\_\_ Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Physician/Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Daily Medications \_\_\_\_\_ Medications Allergic To \_\_\_\_\_

**PLAYER/PARENT WAIVER & RELEASE OF LIABILITY**

**Medical Attention:** If the above named player needs immediate care and treatment as a result of any injury or sickness, I hereby request and give my consent to Bowie High School Lacrosse Program and the host organization of any sponsored event to provide such care and treatment through a medical staff, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of my participation in sponsored lacrosse activities. Participant agrees to assume all risks and responsibility for any and all claims for damages, including personal injury or death, or medical expenses or deductibles.

Date \_\_\_\_\_ Player's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Waiver & Release of Liability:** As Parent/Guardian I give my permission for above-mentioned student to participate in the Bowie High School Lacrosse Program. I am fully aware of and appreciate the risks associated with participating in a lacrosse event, including the risk of catastrophic injury, paralysis, and even death, as well as other types of damages and loss. I further agree that neither the Lacrosse team coaches, the Lacrosse Player/Parent Organization (Boosters), Volunteers, nor Bowie High School shall be liable for any injury, loss of life or other loss or damage occurring as a result of participation. Participant agrees to assume all risks and responsibility for any and all claims for damages, including personal injury or death, or medical expenses or deductibles. My signature below is my acknowledgement that I/We have read and understood every provision of this Waiver and Release of Liability, and that I agree to abide by it.

Date \_\_\_\_\_ Player's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Dues:** 2008-2009 season are \$250 payable by Oct. 1, 2008 **and** \$250 payable by Jan. 15, 2009. All dues are non-refundable. Make checks payable to Bowie Boys Lacrosse. Members agree to sign up for "job duty" as part of membership. We understand that dues do not cover all of the expenses for the team and as a player and parent, I pledge to participate in fundraising activities. Players/Parents will be responsible for the replacement cost of any Team equipment that has been assigned to them and not returned.

Date \_\_\_\_\_ Player's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_