



AUTHORIZATION TO OBTAIN MEDICAL ATTENTION

Player's Name _____ ("the child") Birth date _____ Age _____

Please provide alternate phone numbers where parents can be reached in case of emergency during camp.

Mother's Name _____ Home Phone _____

Work _____ Cell/Mobile _____ Pager _____

Father's Name _____ Home Phone _____

Work _____ Cell/Mobile _____ Pager _____

In case of emergency and Powell Lacrosse, LLC ("Powell Lacrosse") is unable to reach a parent, please notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Known medical conditions or needs? _____

Known allergies? _____

Is player on any medications (prescribed or over the counter)? If yes, indicate names of medications _____

Does player have any special needs? If yes, explain: _____

Insurance Carrier _____ Policy Number _____

Hospital Preference _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

I, the parent or legal guardian of the child, hereby grant permission to Powell Lacrosse personnel to authorize and obtain medical and/or dental emergency care or treatment from a physician, hospital, medical clinic, emergency medical technician or other medical provider should the child become ill or injured while participating in Powell Lacrosse activities organized or sponsored by or otherwise relating to Powell Lacrosse and its affiliates, while away from his/her home, at any times when neither a parent nor a legal guardian is available to authorize emergency treatment.

(Signature of Parent or Legal Guardian) Relationship _____ Date _____

City, State of camp attending



AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

As the parent or legal guardian of the child, and by registering him/her as a participant in the Powell Lacrosse sports program, (and all related events and activities, including, without limitation, practices, games, clinics, camps, tournaments and travel), I do hereby acknowledge, and agree that:

1. The risk of injury from the activities involved in this program is significant. I have independently reviewed and evaluated the risks and determined that the child may participate in the program, and I assume all responsibility, with my full knowledge and acceptance of the risk.
2. I, for myself, and on behalf of the child, the child's successors, heirs, assigns, and personal representatives, agree that Powell Lacrosse, including all participants, officials, coaches, assistants, chaperones, agents, directors, managers, members, shareholders, officers, employees, sponsors, advertisers, owners or lessors of premises used in conducting the program, are hereby released from any and all liability and claims for any injuries, disability, death, or loss or damage to person or property of any kind whatsoever, incident to the child's participation or involvement in the Powell Lacrosse sports program, even if caused by the negligence or gross negligence of Powell Lacrosse or its agents.
3. The child will comply with the stated and customary rules and regulations for participation in the program.
4. I acknowledge that Powell Lacrosse has encouraged me as the parent or legal guardian of the child to consult with and seek approval from their physician prior to commencing the program. I am aware of and have disclosed any known medical conditions, allergies, or medications present in regard to the child, and release Powell Lacrosse from any and all liability and claims for any injuries, disability, death or loss or damage to person or property incurred on the part of the child while participating in Powell Lacrosse sports programs as a result of said medical conditions, allergies, or medications. I further release Powell Lacrosse from any and all liability and claims for any injuries, disability, death or loss or damage to person or property incurred on the part of the child while participating in Powell Lacrosse sports programs as a result of any and all unknown medical conditions, allergies, and medications present in regard to the child.
5. I authorize the use of any and all photos or any other images of the child participating in Powell Lacrosse related activities for use on the website or in promotional or other materials on behalf of Powell Lacrosse.

I have read the above, fully understand its terms, and sign it freely and voluntarily, both on my behalf and the behalf of the child.

(Signature of Parent or Legal Guardian) Relationship _____ Date _____