

Sign- Up Form

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

US Lacrosse #: _____ EXP: _____

Health Insurance Information

Insurance Company Name: _____

Policy Number: _____

Doctor Name: _____

Emergency Contact Information

Additional Medical Information (Allergies, Medical Conditions, Previous Injuries)

Equipment Rental Needed

Please Circle

YES NO

Method of Payment

Cash

Check: _____

Signature: _____ Date: _____



MEDICAL CONSENT FORM

I certify that I am the parent/guardian of the above-mentioned child and that this child medically clear to participate in the Hendersonville Lacrosse session. I also give permission for the Hendersonville Lacrosse Staff and it's appointed representatives to administer routine medical treatment and first aid to my child in the event of illness or injury. In case of a major medical emergency, every attempt will be made to notify me before any treatment is given. However, in the event I cannot be reached, the club director may consent on my behalf for treatment advised by the medical staff for my child.

I hereby authorized the emergency physician at an emergency center to provide emergency treatment to my child/ward. I hereby give consent for admission to the treating hospital of my child/ward if, in the judgment of the attending physician, it is necessary for any treatment authorized herein. This consent is to be effective only after reasonable efforts have been made to contact and obtain my consent to any emergency treatment.

I also understand that any medical bills incurred while participating in the Hendersonville Lacrosse session are the legal responsibility of the athlete's family.

Name (printed): _____ Signature: _____

Release of claims

In consideration of my child's/ward's participation in Hendersonville Lacrosse, as the parent/guardian of the above-mentioned child, on behalf of my child/ward, myself, heirs, and personal representatives, I consent to and hereby discharge and release and forever hold harmless Hendersonville Lacrosse from any claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damages of whatever nature and cause, incurred by my child/ward in conjunction with his/her participation in Hendersonville Lacrosse.

Name (printed): _____ Signature: _____

EQUIPMENT RENTAL AGREEMENT:

Comprehensive form for the rental of equipment for _____ Lacrosse Season.

Player Name: _____ Email Address: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

CHECK # : _____

CASH

Equipment Rented

ADDITIONAL EQUIPMENT REQUIRED

1. Protective Cup

2. Mouth Guard

Equipment must be returned after last game.

Total value of equipment: \$ _____ if not turned in on time.

Signature: _____ Date: _____

