

For Office Use:

U S lax Application _____
Registration/Medical Form _____
Liability Form _____

Indoor Fee _____
Outdoor Fee _____

2011 Strongsville Lacrosse Registration and Medical Form

(Please Print Clearly)

Player Name _____ M /F _____ Date Of Birth _____

Home Address _____ Yrs. Playing Lacrosse _____

City _____ Zip Code _____ School _____ Grade _____

Parent's/Guardian's Names _____

Parent's/Guardian's Names _____

E-Mail Addresses _____

(Please Print CLEARLY Players and Parent's/Guardian's emails)

E-Mail Addresses _____

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I have read and understand the membership agreement of the U S Lacrosse Youth Player membership registration form. I also understand that each player must provide his own helmet, elbow pads, shoulder pads, gloves, lacrosse stick, protective cup and mouth guard. It is the policy of this association that all participants wear all protective equipment at all times while participating in both practices and games. Strongsville Lacrosse Association also reserves the right to require physician approval for any player to participate should the association feel it necessary.

In the event of injury to my/our son/daughter while participating in the lacrosse program sponsored by Strongsville Lacrosse Association, the representative, or agent of the SLA is authorized to seek medical help for said son/daughter. An attempt should first be made to contact me by phone:

	<u>Ph. # Home</u>	<u>Work</u>	<u>Cell</u>
Mother	_____	_____	_____
Father	_____	_____	_____

If unable to contact me, please try contacting (emergency contact person of your designation) _____ at (Phone Number) _____.

If unable to contact parents/guardians, or designated emergency contact person listed at the phone numbers listed above, the attending physician and/or hospital is authorized to render medical or surgical treatment as necessary in their professional opinion. The intention hereof is to grant authority to administer and to perform any examinations, treatments, anesthetics, operations and diagnostic procedures, deemed emergency in nature.

In witness of our consent and agreement to the matters stated previously, I have subscribed by signature below:

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Registration and Medical Form
(Continued)

Player Name _____

Minor Player Physician's Name: _____

Physician's Phone Number: _____

Minor Player Dentist's Name: _____

Dentist's Phone Number: _____

Please list any known allergies: _____

(Please include Medications, Asthma, Bee Stings, etc)

Please list any medication your son/daughter is taking: _____

Does your son/daughter have any known medical problems or seizure disorders?
If Yes, Please explain _____
