

**HILTON AREA YOUTH LACROSSE ORGANIZATION
EMERGENCY MEDICAL INFORMATION FORM**

Office use : Team _____ Date _____
S&D _____ Winter _____ Spring _____

Name _____ D.O.B. _____ Grade _____

Address _____ Zip _____ Email _____

Parent/Guardian _____ Phone(H) _____ (W) _____

In case of emergency :

Name _____ Phone _____ Relationship _____

Doctor _____ Address _____ Phone _____

Health Insurance Carrier and ID Number _____

Health/Medical Info (ie : asthma, allergies, etc) _____

In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician, selected by the adult leader in charge, to hospitalize and provide all emergency medical treatment required, based on professional judgement of a licensed physician. Every effort will be made to contact you in case of emergency.

Parent signature _____ Date _____

AMATEUR ATHLETIC MINOR WAIVER/RELEASE OF LIABILITY FORM

Parent : PLEASE READ THE FOLLOWING AND SIGN THE FORM.

In consideration of being allowed to participate in any way in the Hilton Area Youth Lacrosse Organization, related events and activities, the undersigned :

1. Agree that the parents/legal guardian will instruct the minor participant that prior to participating, he/she is to inspect the facilities & equipment to be used, & if the participant believes anything is unsafe, he/she should immediately advise his/her coach or supervisor of such condition & refuse to participate.
2. Acknowledge & fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability & death & severe social & economic losses which might result not only from their own actions, play or the condition of the premises or of any equipment used. Further that there may be other risks not known to us or foreseeable at this time.
3. Assume all the foregoing risk & accept personal responsibility for the damages following such injury, permanent disability & death.
4. Release, waive, discharge & covenant not to sue Hilton Area Youth Lacrosse Organization, their affiliated clubs, administrators, directors, agents, coaches, & other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers. All of which are hereinafter referred to as releases, from and all liability to each of the undersigned, his/her heirs & next of kin for any a& all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or other wise.

I/we have read & release, & I/we understand the I/we have given up substantial rights by signing it and I/we hereby sign it voluntarily

PARENT/GUARDIAN SIGNATURE _____ PRINTED

NAME _____