

HILTON AREA YOUTH LACROSSE ORGANIZATION
Registration / Emergency Medical Information Form

Player Information:

Name _____ D.O.B. _____
Address _____ Zip _____
Current Grade _____ School _____ Years of Experience _____
Clothing Size: Shirt _____ Shorts _____
Rental Equipment Needed: _____ Helmet _____ Arm Pad _____ Gloves
_____ Chest Protector

Parent Information:

Parent(s) Name: _____
Contact Phone # : _____ (days) _____ (evenings)
Email Address _____

Emergency Information:

Doctor's Name _____ Phone # _____
Health Insurance Carrier _____ Policy # _____
Policy Holder's Name _____
Emergency Contact _____ Relationship _____
Phone # _____
Emergency Contact _____ Relationship _____
Phone # _____

Medical Information:

Does your child have any ailments / allergies / conditions that may affect his / her activity or playing ability? If so, please explain:

In the event that 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 judgment of a licensed physician. Every effort will be made to contact you in case of emergency.

Parent Signature _____ **Date** _____

Approval:

I give my child, _____, permission to participate in the Hilton Area Youth Lacrosse Organization and become a player on a HAYLO team.

Parent Signature _____ **Date** _____