

Fall Ball Registration 2018

Athlete's Information

Athlete's Name _____

Athlete's Birthdate _____

Parent/Guardian's Information

Full Name _____

Home Number _____

Cell Number _____

E-mail\Address _____

Emergency Contact Information

Name _____

Relationship _____

Phone Number _____

Does the athlete have any allergies, chronic illness, or medical conditions?

If yes, please describe:

Loaner Gear

If your player is new to the sport, loaner gear is available. Players must have their own running shoes, mouth guard, and athletic cup. To request loaner gear, please print and submit form from BI Lacrosse website in advance. Additional gear will not be available the day of, without prior notification. Deposit required. Contact Tanya Powers (tulitsky@hotmail.com).

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities during 2018 Fall Ball. In exchange for the acceptance of said player participation in Fall Ball Lacrosse, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless the Fall Ball Coaches and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from Fall Ball. In case of injury to said child, I hereby waive all claims against Fall Ball Lacrosse. Including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death. purposes.

Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury.

I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the Fall Ball Lacrosse and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility. Release authorized on the dates and/or duration of the registered season. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature of Parent or Guardian

Date: _____

Payment

Make checks to
"7 Brothers Lacrosse"

Mail to: Tanya Powers (11260
Arrow Point Dr.)