

## ***Red and White Lacrosse***

**PLAYERS NAME** \_\_\_\_\_  
**TEAM NAME** \_\_\_\_\_  
**PLAYERS EMAIL ADDRESS** \_\_\_\_\_  
**Emergency Contact Name** \_\_\_\_\_  
**Emergency Contact Number** \_\_\_\_\_

### **WAIVER OF LIABILITY**

In consideration of participating in the Red and White Lacrosse Event, the player named above and the parent or guardian do hereby agree for ourselves, our heirs, executors and administrators, to release, hold harmless and forever discharge Red and White Lacrosse and the Red and White Lacrosse, their officers, staff, administrators, volunteers, sponsors and representatives and assigns, for and against any and all claims, actions, cause of actions, suits, judgments, and demands whatsoever directly or indirectly in connection the player's participation in the Red and White Lacrosse Event.

By signing below, I acknowledge that I have read and understand this form and further understand the terms herein are contractual and not a mere recital.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### **TREATMENT/MEDICAL RELEASE AUTHORIZATION**

I/we being the legal guardians of the applicant authorize the staff of Red and White Lacrosse and its agent's permission to request treatment to ensure the well being of our dependent. I certify that he is in good health and able to participate in the scheduled format. I am attaching a note explaining any physical limitations and/or required medical attention that is necessary for my son.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health Insurance Company** \_\_\_\_\_

**Health Insurance Policy Number** \_\_\_\_\_