

Nadzitsaga Lacrosse

Medicine Games - October 2011

Permission Form - Medical/Liability Waiver

Player Name _____ Age _____

Date of Player's Birth ____/____/____ Date of last tetanus booster ____/____/____

Known allergies of this player, including any allergies to medicine _____

Any other medical problems that should be noted _____

Family Physician _____ Phone _____

Insurance Carrier _____ Policy # _____

Name of Parent(s) or Guardian(s)
(if under 18 yrs.) _____

Address _____

City/State/Zip _____

Phone _____ (work) _____

email _____

Person to notify if parent/guardian is unavailable _____

Phone _____

I authorize _____ to participate in the lacrosse event through the Nadzitsaga Lacrosse Club. I understand that lacrosse is a contact sport and may result in injury, potentially severe, from body to body contact, stick-to-body contact and ball-to-body contact. I agree not to hold the lacrosse club, lacrosse club coaches, staff/parents, US Lacrosse, facility owners/managers responsible for injuries occurring during lacrosse-related events. I also agree to allow club coaches/staff, emergency medical technicians, physicians and nurses to treat injuries suffered during lacrosse camp events.

As the parent/legal guardian of _____, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment to the above minor. I have not been given a guarantee as to the results of any examination or treatment.

Signature of Player _____ Date _____

Signature of Parent/Guardian _____ Date _____

Are you are a member of a team participating in this event?

Team members names: _____

Mail along with \$10.00 Player Fee to: Nadzitsaga Lacrosse, 407 N Broadway, Burns, Oregon 97720

For more information call: Rick Roy 541-589-1159

