

WAIVERS & RELEASE FORM

SPRING 2014 YOUTH LACROSSE



Players Name: _____

PHOTO RELEASE:

I understand that photography and/or video of participants may be procured during activities and used in promotional materials, including publication on the BJ Sports website. I consent to the use of images or likenesses of my child(ren)/ward for promotional purposes by the BJ Sports Lacrosse Club.

Parent/Guardian Permission Signature _____ Date: _____

WAIVER AND RELEASE:

My child/ward is in good health and has my full permission to participate in the BJ Sports Lacrosse program. My child/ward has no existing or prior sickness, illness, disease or bodily injury that is contradictory to participation. I fully understand that lacrosse is a contact sport and that physical injury may occur during the course of participation. I certify that my child/ward has my permission and consent to participate in the BJ Sports Lacrosse program, its teams, coaches, field directors, managers, referees, sponsors, Board of Directors, officers or others connected to the club for injuries sustained by my child in practice, game play or while being transported to or from BJ Sports activities. Furthermore, I agree that I will not hold any doctor, nurse, team, coach, or league official responsible for the consequences of any voluntary medical or first-aid treatment administered to my child as a result of any injury sustained in connection with BJ Sports activities.

Parent/Guardian Signature: _____ Date: __/__/__

Relationship to Participant: _____

MEDICAL TREATMENT PERMISSION:

Known Medical Conditions: _____

Current Medications: _____

Insurance Company: _____

Policy and Group #: _____

Primary Care Physician: _____ Phone: _____

Local Hospital Preference: _____

I hereby authorize any member of the BJ Sports Lacrosse Program, the team head coach, assistant coach, or team manager to obtain medical treatment for the above named participant in my absence.

Parent/Guardian Signature: _____ Date: __/__/__