

GIRLS JUNIOR LACROSSE OF POWAY

PLAYER INFORMATION

Name:			
	Last	First	MI
DOB:		Grade:	
Street Address:		Zip:	
School:		Home Phone:	
US Lax #:		Exp. Date:	

PARENT INFORMATION

Mother's Name:		M Cell Phone:	
Mother's E-mail:		M Work Phone:	
Father's Name:		F Cell Phone:	
Father's E-mail:		F Work Phone:	

My Daughter's image may not be used on the website or included in any newspaper articles (place initials in box):

Players, coaches, officials, parents and spectators are to conduct themselves in a manner that honors the game of lacrosse and demonstrates respect to other players, coaches, officials, parents and fans. In becoming a member of Girls Junior Lacrosse or Poway, I/we hereby assume certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this Code of Conduct are honesty, integrity and good sportsmanship. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization.

Parent/Guardian Signature _____ Date _____

Athlete Signature _____ Date _____

MEDICAL HISTORY

1. Has had injuries requiring medical attention:	
2. Has had an illness requiring medical attention:	
3. Is under a physician's care at this time:	
4. Is allergic to something (medications, bee stings, milk, etc.):	
5. Takes medication at this time:	
6. Is hearing impaired; wears glasses/contact lenses:	
7. Has fixed or removable appliances in mouth:	
8. Has fainted during exercise:	
9. Has had surgery or broken bones:	
10. Has had a history of heart disease or diabetes:	
11. Has asthma or has ever used an inhalant:	
12. Is there any reason for this individual to avoid contact:	

Please explain any YES response:

FALL 2011 REGISTRATION

Athlete: _____

MEDICAL RELEASE AND EMERGENCY CONTACT INFORMATION

This is to certify that the above listed athlete is in good physical health and has my/our permission to travel, practice and otherwise participate in Girls Junior Lacrosse of Poway activities. In the event of illness or injury, I/we authorize the coach, assistant coach, trainer, commissioner, referee or parent-in-charge to consent to emergency medical attention or care of said minor child and to execute any documents in my/our name, provided, however, they shall first make reasonable effort to inform me/us of such illness or injury or contact the insurance carrier listed for instructions relative to the care and treatment of said child. I/we further authorize any hospital emergency medical physician to render medical treatment, which in his/her judgment may be deemed necessary.

Parent/Guardian Signature _____ Date _____

Emergency Contact: Phone:
 Relationship:

INSURANCE COVERAGE

I certify that the above listed athlete has medical insurance which provides reasonable and customary coverage in illness or accidental injury occurring during participation in Girls Junior Lacrosse of Poway activities (if US Lacrosse Membership does not apply):

Parent/Guardian Signature _____ Date _____

Subscriber's Name: Place of Employment:
 Insurance Carrier: Policy ID # or Group #:
 Family/Child Doctor: Doctor Office Phone:

PARENT AWARENESS AND LIABILITY RELEASE

The undersigned parent/guardian acknowledge their awareness that their daughter has voluntarily decided to participate in the privately sponsored activity described below, and that said activity is not associated with, sponsored, coordinated or managed in any way by the Poway Unified School District or any of its schools. I/we further agree to hold the District, its Schools or their officers/employees harmless from any and all liability, loss, expense, claims from illness or injury, or damages that may arise from participation in this private voluntary activity.

Parent/Guardian Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY FORM

Athlete: _____

The undersigned parent/guardian of the listed athlete certifies and acknowledges the following:

- 1 That the above named player is in good health and that there is no physical or emotional reason prohibiting the athlete's participation in the program. Further, understand that it is highly recommended that the above named player be given a physical by a physician prior to engaging in any strenuous activity, such as lacrosse, to insure the athlete is physically able to play.
- 2 That lacrosse is a physical sport, sometimes involving contact between the players and that the athlete will be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used. Furthermore, that there may be other risks not known to us or not reasonably foreseeable at this time.
- 3 Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4 Release, waive, discharge and covenant not to sue Girls Junior Lacrosse of Poway, its' respective administrators, directors, agents, coaches, assistant coaches, referees and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct events, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
- 5 Understand that Girls Junior Lacrosse of Poway is a non-profit organization operated by volunteers for the benefit of young people. Promise to treat all volunteers and officials of the lacrosse program, to include coaches and referees, with appropriate courtesy and respect. Furthermore, understand that all volunteers including coaches are not professionals and are here for the sole purpose of providing a positive, educational, athletic experience for all participants.
- 6 Understand that the success of Girls Junior Lacrosse of Poway is based entirely upon the donated time and work of volunteers and will volunteer our services (when possible) to support the program.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT WE HAVE GIVEN UP
SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Parent/Guardian

Date

Parent/Guardian

Date
