

ALLEN HIGH SCHOOL LACROSSE CLUB
MEDICAL RELEASE AND AUTHORIZATION

Participant's name _____ Birthdate _____
Street address _____
City _____ Zip _____

Father's Name _____
Home Phone _____ Business Phone _____
Cell Phone _____
Email address _____

Mother's Name _____
Home Phone _____ Business Phone _____
Cell Phone _____
Email address _____

Primary Care Physician: _____ phone _____
Insurance provider: _____
Policy and/or group # _____
Insurance Provider Phone: _____
Insurance Provider Address: _____

City, State, Zip _____

List any allergies: _____

My son uses an EPI pen. I will provide one to be kept in the team medical kit.

Elaborate on any medical conditions of which we should be aware: _____

In this document, "Allen High School Lacrosse Club" (AHSLC) shall refer to and include all of the following: Allen High School Lacrosse Club, its directors, coaches, and adult volunteers who are assisting or accompanying the team, as well as the Allen Independent School District. The terms minor, student, participant, and son shall be interchangeable and refer to a young man that will be playing lacrosse and one that you have the legal authority to sign this release and authorization for.

The above named student has the undersigned's permission to participate in training, competition, events, activities, meals, and travel associated with the Allen High School Lacrosse Club. I understand that team members may be transported to events in Allen ISD buses, privately chartered buses, vans driven by coaches or other adults associated with the team, and on rare occasions by private vehicles. I certify to the best of my knowledge that the participant named hereon is physically fit to engage in the said activities. I further agree to notify the Head Coach and pull my son from said activities if at any time I do not feel my son is physically fit to engage in said activities.

Initial

I, the undersigned parent or legal guardian of the above listed minor participant, acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death, hereby release, discharge, covenant to indemnify and not to sue AHSLC. I understand and acknowledge the potentially hazardous nature of the sport of lacrosse, and that even though protective equipment is worn by the athlete, the possibility of accident still remains.

Should it be necessary for my son to be sent home from a trip for medical reasons, disciplinary reasons, or otherwise, I hereby assume all related costs, and agree to make and assist in making said arrangements as promptly as possible.

I consent to the providing or administration of over the counter or non prescription medication to my son by an adult representative of Allen High School Lacrosse Club if my son requests or wants same.

If, in the judgment of any representative of AHSLC, the above student should need immediate care and treatment as a result of any injury or sickness, I, the undersigned parent or legal guardian of the above listed minor participant, pursuant to Section 32.001.(a)(5) of the Texas Family Code and otherwise, authorize any coach, director, or adult with the Allen High School Lacrosse Club to consent to any medical and or dental treatment of said student. I further agree that information concerning medical diagnosis and treatment for said student may be shared with the Allen High School Lacrosse Club representative.

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 of the above minor as they deem necessary and or advisable. I assume full financial responsibility for any such services and agree to indemnify and or hold Allen High School Lacrosse Club harmless from any claim.

By signing this form, I hereby grant AHSLC permission, free and without charge of any kind, to use the name, image, voice, and appearance of the student or participant participating in any AHSLC related activities. This release includes but is not limited to photographs, programs, videotapes, posters, electronic materials, print materials, and or media.

This authorization shall remain effective until the student completes his activities and involvement in the Allen High School Lacrosse program or until sooner revoked in writing. I understand it is my responsibility to inform the appropriate Club representative and make any changes I deem necessary in this form in writing.

The undersigned, on his/her own behalf, and on behalf on his/her minor child, does hereby release, discharge and covenant to hold harmless the Allen High School Lacrosse Club from any and all claims, causes of action, and liability of any kind, in any way arising out of directly or indirectly, the minor's attendance or participation in the Allen High School Lacrosse Program.

Signature of Parent or Legal Guardian: _____

Date: _____