



Wentzville Women's Lacrosse Team

Player/Parent Forms

Wentzville Women's Lacrosse Board of Directors

Consent for Participation, Transportation, Parental Consent Form For Emergency Medical Attention & Waiver of Liability

Player Name: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Player Cell Phone: _____

Parent Email Address: _____

Player Email Address: _____

Current High School: _____

Current Grade: _____

Participation:

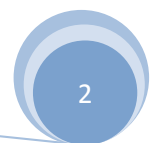
1. I give my permission for _____ to enroll in the Wentzville Women's Lacrosse Team for the ____ Season and to participate in all club activities. I fully understand that the coaches, sponsors and event facilities assume no legal liability for injuries or loss as a result of such participation. Lacrosse is an intense sport and I understand that injury may occur. I authorize the coaches and/or Wentzville Women's Lacrosse Team representatives to act in the best judgment in any emergency.

Emergency Medical Treatment

2. This form will be presented to the appropriate medical facility. If your child is in need of urgent medical treatment during your absence. Please note that, even with this form, we will attempt to contact you in the even your child needs care. Pursuant to section 431,061-.063 of the Missouri Revised Statutes, the undersigned being the parents/guardians of _____ do hereby expressly authorize the bearer of this form (who is responsible for the care and custody of our child during our absence) to consent to any and all urgent medical treatment for said child(ren) as he/she deems appropriate. The undersigned hereby expressly agree to pay for all such care and treatment incurred on behalf of our child(ren).
3. I authorize the coaches or athletic trainer to act in their best judgment in any emergency situation requiring medical attention. Personal insurance will be used in case of injury.
4. The MSHAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has medical insurance coverage.

Player Name: _____

Physician's Name: _____



Physician's Phone Number: _____

Insurance Carrier: _____

Policy Number: _____

Current Medications: _____

Allergic Substances/Allergies: _____

Last Tetanus Shot (MM/YY): _____

Transportation:

1. I, as a parent/guardian of the following player, _____, do hereby give my approval to ride with a coach/parent to practice and/or game/meet/match/tournament, etc. Each player is responsible for his own transportation to practice games and other events. Coaches and other parents may offer transportation. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Wentzville Women's Lacrosse Team, its players, coaches, sponsors, volunteers and representatives and persons transporting my child to or from practice and/or consents for any claim arising out of any injury to my child.

I hereby acknowledge that I have read the foregoing and agree to the terms of each paragraph.

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

Web Site and Media Guide Release:

1. In consideration of the undersigned player being included in the Wentzville Women's Lacrosse Team website (www.laxwild.com) and being included in any Wentzville Women's Lacrosse Team printed materials or media guide, I agree that my name, my image, and my player statistics may be included in the website and the printed materials, media guides. I hereby, release the Wentzville Women's Lacrosse Team, its players, coaches, sponsors, volunteers and representatives, from any and all liability arising directly or indirectly from the inclusion of my name, my image or my player's statistics in the website and printed materials, media guide.

Signature of Player: _____

Date: _____

Printed Name of Player: _____

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____