

PARENTAL PERMISSION AND PLAYER RELEASE

My child, _____ has my permission to play lacrosse for the Central Susquehanna Lacrosse Club. I understand that he/she must abide by the rules and regulations set forth by the coaches and game officials. I have read the rules and regulations as set forth in the 2007 Handbook, available at www.cslax.org, and understand that the violation of any of these rules may lead to temporary or permanent suspension from the team. I understand that my child will not be allowed to practice or play until these forms are completed. I understand that my child must attend all practices and games (unless excused by the head coach) or my child may not be permitted to play in games.

I understand by the very nature of the activity that lacrosse carries a risk of physical injury. No matter how careful the participant and coach are, the risk cannot be eliminated. The risk of injuries includes minor injuries such as muscle pulls, dislocations, and broken bones. The risk also includes catastrophic injuries such as permanent paralysis or even death from falls or physical contact. I understand these risks and will not hold the Central Susquehanna Lacrosse Club or its personnel responsible in the case of an accident or injury at any time.

I also understand that this is a club program not sponsored by any school.

_____	_____	_____
Print name of parent/guardian	Signature	Date

_____	_____	_____
Print name of parent/guardian	Signature	Date

I am interested in playing for the Central Susquehanna Lacrosse Club. I understand the risks stated above. I promise to abide by all of the rules and regulations set forth by the coaches and game officials. I promise to cooperate and follow the instructions of the lacrosse coaches and attend all practices and games.

_____	_____	_____
Print student's name	Player's signature	Date

School now attending _____ Grade level _____

Please sign and return by March 6, 2007

PLAYER INFORMATION & MEDICAL RELEASE

Please complete all the information and print legibly. Health insurance is required for all players.

Name _____ Date of birth _____ Phone _____

Address _____ City _____

State _____ Zip code _____ E-mail _____

Father's legal name _____ Father's SSN _____

Mother's legal name _____ Mother's SSN _____

Doctor's name and phone _____

Insurance company _____

Group Number _____ Policy number _____

Allergies _____ Medication _____

Additional comments _____

I _____ (Name of Mother/Father/Guardian) am granting permission for my son/daughter to play lacrosse for the Central Susquehanna Lacrosse Club. I am also granting permission to the coaching staff to act on my behalf to authorize preliminary medical treatment if so needed. Though a physical is not required, I attest that my son/daughter is of good health and does not have any physical or mental limitations that would prevent him/her from playing at an average level.

Parent/Guardian Signature

Date

Please sign and return by March 6, 2007