WESTERN SPRINGS RECREATION DEPARTMENT

Western Springs Lacrosse Program – 2010

EMERGENCY CONTACT/MEDICAL INFORMATION AND CONSENT FORM
Please return with registration form

_____ _____ _____ _____ _____
Players Name Age DOB Boy/Girl Grade

_____
Address/City/Zip

_____
Parent/Guardian Name

_____ _____ _____
Phone # Cell Number Second Phone Number

_____ _____
Second Contact Name Phone Number

_____
Physician's Name & Phone Number

_____
Insurance Company Policy Number

_____
Players Allergies

Does child suffer from: Asthma? _____ Diabetes? _____ Epilepsy? _____

Players Medications _____

Other Health/Physical Conditions _____

Your child will be participating in many lacrosse practices and games during the next few months. PLEASE BE AWARE THAT THERE IS INHERENT RISK OF INJURY PLAYING LACROSSE. If you believe that this activity could endanger your child, please drop him/her from the program. Please make sure your child has a check up from his/her doctor and is physically able to participate in the strenuous type of activity. Also, the Village of Western Springs CARRIES NO MEDICAL INSURANCE FOR ANY INJURIES AND ASSUMES NO LIABILITIES FOR PERSONAL INJURIES OR FOR LOSS OF PERSONAL PROPERTY WHILE ATTENDING AND PARTICIPATING IN ANY PRACTICE, OR HOME /AWAY LACROSSE GAMES. A PARTICIPANTS FAMILY POLICY MUST COVER ANY MEDICAL COST INCURRED. If an EMERGENCY SITUATION ARISES INVOLVING YOUR CHILD, WE WANT TO BE ABLE TO TAKE QUICK ACTION. The coach will make every effort to contact a child's parents but failing to reach you, the coaches will exercise their judgment including making a decision to contact the local 911 emergency agency for assistance. This MEDICAL INFORMATION and CONSENT form must be completed prior to any participation in the program. The coach will carry this with him/her during the season. If there are any questions or concerns about these items, please contact me at 246-9070.

_____
Parent/Guardian Signature Date