

ACHIEVE LAX / MASS ELITE
PO Box 501, North Scituate, MA 02060

Player Name	Team or Program:	
Emergency Contact:	Emerg. Phone:	
Address/Cty/St/Zip		
DOB	Health Insurance:	Number:

CONSENT TO PLAY AND LIABILITY RELEASE

I acknowledge that lacrosse is a high-speed sport which may involve some contact. I am aware of no medical conditions, illnesses or injuries that would prevent my child from participating in all aspects of this team membership, except as follows (Please state the medical condition and provide a letter from the child's health care provider indicating the limitations or restrictions for the child's participation):

I hereby give permission to provide emergency medical assistance to my child in case of accident or injury. I agree to indemnify and hold harmless Achieve Lax, Mass Elite, any individual working as an officer, coach, employee, agent or volunteer or in any capacity for this organization, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this program, or any leagues, teams or tournaments associated with Achieve Lax and or Mass Elite.

(If under 18)

Signature of Parent/Guardian: _____ Date: ____/____/____

Signature of Player: _____ Date: ____/____/____