

Crease Monkeys Lacrosse Club

Player Participation Form

(PLEASE bring a completed and signed Player Participation Form along with you to tryouts.)

PLAYER INFORMATION

Player's Name: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone: _____ E-Mail: _____ School Name: _____
Grade: _____
Years Experience: _____ Other Clubs Played for: _____
Positions: Goalie Defense Midfield Attack
U.S. Lacrosse Membership Number: _____

US Lacrosse Number can be obtained and/or renewed from: www.lacrosse.org / 410-235-6882

PARENT EMERGENCY CONTACT INFORMATION

Father's Name: _____ Cell Phone: _____ Work Phone: _____
Mother's Name: _____ Cell Phone: _____ Work Phone: _____

*E-Mail: _____

* Most of the communication will be done via e-mail so this is a mandatory field.

MEDICAL RELEASE

Family Physician: _____ Address: _____
Phone Number: _____

Does your child have any medical problems such as: seizures, drug allergies, nose bleeding, unusual reaction to insect bites, asthma or diabetes?
 Yes No
If Yes, please list: _____

Does your child take any medications on a regular basis? Yes No
If Yes, please list: _____

As evidenced by my signature below, I hereby acknowledge that my son _____ is physically able to participate in competitive lacrosse and that I know of no restrictions, physical impairments, or any other facts which in any manner limit her participation in such a program.

I give permission for my child to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby authorize _____ to consent to medical treatment for my child, including consent to the transportation of the child. I understand that every attempt will be made to contact me before taking this action.

Parent/Guardian Signature _____

Date _____

PROOF OF PRIVATE INSURANCE

Insurance Company: _____ Name of Subscriber: _____

Policy No. _____ Group No.: _____