

**PLAYER INDIVIDIAL INFORMATION AND WAIVER: (Please write clearly)**

7v7 Team name \_\_\_\_\_ High School Grad Year \_\_\_\_\_

Player First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position (Circle)    Attack    Midfield    Defense    Goalie

High School \_\_\_\_\_ Club Team \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Player cell phone# \_\_\_\_\_

Player Email \_\_\_\_\_

Parents Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone# \_\_\_\_\_

**MEDICAL TREATMENT CONSENT** : I, the legal guardian of the above-named camper, authorize the Fuel Lacrosse LLC and Northern Edge Lacrosse staff to seek medical treatment for the camper as they see necessary at a nearby medical facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the camper's session. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the clinic staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the staff will make a good faith effort to contact me or the above- named person(s) before seeking treatment. If this is not possible, I understand that the staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made.

Legal Guardian's Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER & RELEASE STATEMENT:**The undersigned, being a parent or legal guardian of the child requesting admittance to the clinic, does hereby affirm that the applicant is in good health and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I understand that, as condition of admittance to the Women's Lacrosse Clinic and 7v7 Challenge, the undersigned, on behalf of all parents and guardians and on behalf of the applicant, hereby releases Fuel Lacrosse LLC, Northern Edge, and all other employees or agents of the clinic from any liability from any loss or damage of personal property, injury or illness, mental or physical suffered by the applicant during or related to the clinic.

Applicants Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_