

2012 Player Information

PLAYER'S NAME: _____ GRADE:

DATE OF BIRTH:

USL #/EXP. DATE:

HOME ADDRESS:

CITY: _____ STATE: _____ ZIP:

HOME TELEPHONE: _____ PLAYERS CELL:

PARENT/GUARDIAN: _____ CELL:

PARENT/GUARDIAN: _____ CELL:

PARENT EMAIL:

PLAYERS EMAIL:

EMERGENCY CONTACT: _____ PHONE:

** Email is the primary form of communication. Emails addresses will not be shared outside of the lacrosse community.

PRIMARY CARE PHYSICIAN: _____ PHONE:

PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS, OR ALLERGIES:

PARENT/GUARDIAN STATEMENT: I understand and accept that there are risks of serious injury and death in any sport. I hereby give permission for my child to participate in this activity. I hereby authorize medical treatment and/or transportation to a medical facility for injury or illness deemed urgently necessary by a licensed trainer, coach, or medical practitioner. In case of injury, I do not hold Lincoln Girls Lacrosse, its coaches, volunteers, agents, or officers responsible.

SIGNED: _____ DATE:
(PARENT/GUARDIAN)