

LINCOLN *Girls* LACROSSE 12



2012 Player Information

PLAYER'S NAME: _____

DATE OF BIRTH: _____ GRADE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ CELL: _____

PLAYERS EMAIL: _____

US LACROSSE MEMBER ID: _____

PARENT1/GUARDIAN: _____

PARENT1 EMAIL: _____ PHONE: _____

PARENT2/GUARDIAN: _____

PARENT2 EMAIL: _____ PHONE: _____

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 High School Girls Lacrosse, its coaches, or Portland Public School District responsible.

SIGNED: _____ DATE: _____
(PARENT/GUARDIAN)