

# SUNSET LACROSSE

## Parent Authorization Form

### Player Information

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

### Parent/Guardian Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_ Phone \_\_\_\_\_

### Player's Medical History

Allergies \_\_\_\_\_ If yes, please provide details & attach extra form as needed \_\_\_\_\_

Other medical conditions? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Current medications \_\_\_\_\_

### Health Provider Information

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

### Health Insurance Information

Medical Insurance Carrier \_\_\_\_\_ / Group or Policy Number \_\_\_\_\_ / ID # \_\_\_\_\_ / Name of Policy Holder \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Parent/Guardian Authorization

I understand that participation in the sport of lacrosse may result in injuries and that the protective equipment does not prevent all injuries to players. I do hereby release Sunset High School Lacrosse Team and any persons associated with said team, from all liability for any claim arising out of any injury to my child. In the event of an emergency, I authorize medical treatment and/or transportation to the nearest hospital, as deemed necessary, to the above name child.

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