

**Hickman Lacrosse Club  
Emergency Medical Release  
& Liability Waiver**

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Home: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Home: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

***In case of emergency when parent/guardian cannot be reached, please contact the following:***

Name: \_\_\_\_\_ Phone Home: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

Allergies: \_\_\_\_\_ Other Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Home: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Home: (\_\_\_\_)\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***This authorization for emergency medical treatment must be completed before a player begins participation. Treatment for injury will be based on information provided herein.***

*I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Hickman Lacrosse Club, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releases', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I)we have given up substantial rights by signing this release and sign below voluntarily.*

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

Above Signature Witnessed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_

**(Witness should not be a member of your immediate family)**

**Attach a copy of your insurance card, front and back, to expedite medical treatment.**

**Hickman High School Lacrosse team  
Medical Care Position statement**

*In reviewing the MSHSAA Sports Medicine Manual 2009-2010 there is not policy mandating the level of care or medical provider on site for athletic events.*

As parents of athletes, we need to know that our player will have the appropriate and prompt medical care as needed. The coaches have a responsibility to provide a certain level of medical guidance through CPR Certification and Sports First Aid Classes. We should not expect them to be medical providers. Knowing that there are a number of parents who are in the medical field we cannot assume that they will provide medical care as much as facilitate medical decisions for the athlete or coach. We must understand that many of the medical licenses or certifications have a legal framework in which the provider has a scope of practice. As parents we also have the responsibility to act on behalf of the player whose parent(s) are not available.

The Hickman High Lacrosse Team will have available at all times, practice and games, a first aid kit that meets or exceeds the recommendations of MSHSAA. This kit will be available to any parent or team medical representative in lieu of the on-site medical providers. The home team is expected to provide sports trainers for our home games. It will be the responsibility of the coach to find out if the home team we are visiting has a student trainer or ATC/Dr. providing care. This information will be forwarded to the *Parent at Large* or designee so that medical decisions can be made.

A signature, acknowledging that you have read this statement is requested. There is also a place for your comments if you wish. Thank you for your attention to this important aspect of safe sporting.

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Signature

Date

Comments: