

Assumption of Risk / Release / and Grant for Medical Treatment

Players will not be able to participate without a signed form.

Participant's Name: _____

(Please print clearly)

I, _____, am the parent/legal-guardian of, _____, ("Player") who has my permission to participate in the lacrosse tryout of the Albany Power Lacrosse Club ("Albany Power"), Albany, New York, during all, or part, of the 2009 or 2010 calendar year. I know that lacrosse is a contact sport that is inherently dangerous and involves risks of injury or even death. Furthermore, I acknowledge that there are ever-present risks in life generally and that during my child's involvement in the Albany Power tryout, playing in a game, practicing, or otherwise engaged in the Albany Power program, there will be such risk. I knowingly and voluntarily assume these risks, and hereby release and hold harmless Albany Power, and all of its agents, representatives, and assigns, from all liability, claims, rights or causes of action which may accrue as a result of personal injury or property loss or damage sustained by Player arising out of, or as a consequence of, Player's participation in Albany Power.

I hereby authorize Albany Power personnel and coaches to authorize the performance of emergency treatment for children who incur injury or become ill, whose parents or guardians cannot be reached through reasonable efforts under the circumstances. I can best be reached at this number: _____.

As a parent/guardian, I authorize the treatment of my child _____, by a qualified and licensed medical professional, in the event of injury or sickness for which medical and/or surgical treatment is deemed appropriate by a qualified and licensed medical professional. This release is effective during any period of time in which my child is participating in the Albany Power Lacrosse Program ("Albany Power") for the 2009 or 2010 calendar year. I also hereby acknowledge my full and sole responsibility for payment of fees or costs for any treatment that my child receives pursuant to this Consent.

Signature of parent/guardian: _____ Date: _____

Printed name of parent/guardian: _____ Phone: _____

Medical Insurance Company: _____ Policy#: _____

Alternate person to notify: _____ Relationship: _____

Phone: _____

Family Doctor: _____ Phone: _____

My child is also a member of U.S. Lacrosse: _____ Membership Number: _____

Facts concerning the child's medical history including allergies, medications being taken, medications causing an allergic reaction, and any physical impairment or condition about which a physician should be alerted: (Elaborate back of this form if necessary.)

Parent email Address: _____ Home address _____

Signature: _____ Date: _____

Print parent name: _____ Player email Address _____

Player school _____ Player graduation year _____

ALBANY POWER LACROSSE
2009-2010 MEDICAL RELEASE

RELEASE AND GRANT OF CONSENT FOR MEDICAL TREATMENT

Please send this form to: ALBANY POWER LACROSSE CLUB
850 Pinewood Ave Schenectady, NY 12309

Participant's Name: _____
(Please print clearly)

Purpose:

To authorize Albany Power personnel and coaches to authorize the performance of emergency treatment for children who incur injury or become ill, whose parents or guardians cannot be timely reached through reasonable efforts under the circumstances.

As a parent/guardian, I authorize the treatment of my child _____, by a qualified and licensed medical professional, in the event of injury or sickness for which medical and/or surgical treatment is deemed appropriate by a qualified and licensed medical professional. This release is effective during any period of time in which my child is participating in the Albany Power Lacrosse Program ("Albany Power") for the 2009 or 2010 calendar year. I also hereby acknowledge my full and sole responsibility for payment of fees or costs for any treatment that my child receives pursuant to this Consent.

Signature of parent/guardian: _____	Date: _____
Printed name of parent/guardian: _____	Phone: _____
Medical Insurance Company: _____	Policy#: _____
Alternate person to notify: _____	Relationship: _____
	Phone: _____
Family Doctor: _____	Phone: _____

Facts concerning the child's medical history including allergies, medications being taken, medications causing an allergic reaction, and any physical impairment or condition about which a physician should be alerted: (Elaborate back of this form if necessary.)

I _____ hereby release Chris DeLano, Mike Vorgang, Albany Power coaches, and any other agent of Albany Power from any liability if my child _____ is injured in any way while playing at the field, while traveling, or while present at any other facility while under the auspices of Albany Power. I also give Albany Power coaches and staff the permission to administer first aid to my child for common, minor injuries.

My child is also a member of U.S. Lacrosse: yes / no Membership Number: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Signature: _____

Print Name: _____ Date: _____

Albany Power Lacrosse Club LLC

Statement of costs 2009-2010

I understand that the cost of the program offered by the Albany Power Lacrosse Club is-

Program : ADK Power Winter program \$210

I understand that I am responsible for completing total payment before the completion of the program.

Printed Name of Player _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

Parent or Guardian Mailing Address:

Street _____

City _____ State _____ Zip _____

Albany Power Lacrosse Club LLC
850 Pinewood Ave
Schenectady NY 12309