

**ALBANY POWER LACROSSE CLUB**  
**ASSUMPTION OF RISK, MEDICAL RELEASE & WAIVER OF LIABILITY**

**Required for all participants in the 2009 Summer Development Program & the 2009 Albany Power Shootout**

Participant's Name: \_\_\_\_\_

(Please print clearly)

I, \_\_\_\_\_, am the parent/legal-guardian of, \_\_\_\_\_  
\_\_\_\_\_ ("Player") who has my permission to participate in the lacrosse program of the Albany Power Lacrosse Club ("Albany Power"), Albany, New York, during all, or part, of the 2009 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, its Directors Mike Vorgang, Chris Delano and George Leveille, and all of its coaches and 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: \_\_\_\_\_. The following are facts concerning the Player'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 on the back of this form if necessary.)

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 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: \_\_\_\_\_

Alternate person to notify/relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Printed Name of Player: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Team/Program Name: \_\_\_\_\_

US Lacrosse Membership No.: \_\_\_\_\_