ALBANY POWER LACROSSE *All 3 forms are required
2009-2010

**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 : Albany Power Winter instructional program $375

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