

Participation in Marquette Boy's Lacrosse Club Activities
EMERGENCY MEDICAL FORM

Name: _____

This form contains information necessary for athletes and their parents. Your acknowledgment and agreement to abide by state, district, school, and Marquette Boy's Lacrosse Club policies will be indicated by your signature in the appropriate places.

PARENTAL PERMISSION TO PARTICIPATE-The Marquette Boy's Lacrosse Club requires that students' parents must acknowledge and approve their son's participation.

ACCIDENT INSURANCE-The Marquette Boy's Lacrosse Club requires that every student have adequate accident insurance coverage before participating in the Club activities. Those who have no family protection coverage should seek a plan applicable to their needs.

MY SIGNATURE BELOW INDICATES THE FOLLOWING:

1. My son/daughter is adequately covered by an accident policy for athletic injuries.
2. Permission to participate in Marquette Boy's Lacrosse Club Activities including, but not limited to, practices, games, and tournaments is granted.

Date: _____ Parent Signature: _____

....or if Athlete is 18 years of age or older, Athlete's signature in addition to Parent's _____

This form must be completed and returned prior to the first practice or pre-season event and is valid for 12 months or in-writing request to retract.

ATHLETE INFORMATION

Athlete Name _____ Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
Last First ☐ Male ☐ Female Birth date _____
Address _____ Phone _____
City _____ Zip _____
Father/Guardian _____ Email _____
Home Phone _____ Cell/Pager _____ Work Phone _____
Mother/Guardian _____ Email _____
Home Phone _____ Cell/Pager _____ Work Phone _____
Student lives with: ☐ Mother & Father ☐ Father & Stepmother ☐ Father only ☐ Grandparents
☐ Guardian ☐ Mother & Stepfather ☐ Mother only

MEDICAL INFORMATION

Physician _____ Phone _____
Dentist _____ Phone _____

Current health problems that may affect your child in any way :(please state condition and kind of medical care he/she is receiving)

Medications _____ Does your athlete wear glasses? ☐ Yes ☐ No
Allergies _____ Does your athlete wear contact lens ☐ Yes ☐ No

Hospital preference in case of emergency _____
(The nature of injury or location of play may preclude this preference.)

Insurance Company _____ ☐ HMO ☐ PPO ☐ NA Policy/I.D. Number _____
Insurance coverage is with ☐ Mom ☐ Dad ☐ Other

PERMISSION TO PARTICIPATE AND EMERGENCY CARE PROCEDURE

I hereby give my consent for the athlete to participate in Marquette Boy's Lacrosse Club activities, except those stated on medical form by examiner. I also give my consent for him/her to accompany the team as a member of its out-of-town trips and will not hold the Marquette Boy's Lacrosse Club responsible in case of accident or injury. I also give consent and authorize the Marquette Boy's Lacrosse Club to obtain, through a physician of its choice, such medical care as is necessary for the welfare of the athlete, if he is injured in the course of Marquette Boy's Lacrosse Club activities.

Relative or person(s) who will assume temporary care of student if parent cannot be reached:

NAME _____ PHONE _____

Does the Marquette Boy's Lacrosse Club have your authorization to transport the child by whatever means necessary in case of emergency ☐ Yes ☐ No

DATE: _____ PARENT'S SIGNATURE _____