

# Lacrosse Club Interest Form

<b>Player Last Name</b>	
<b>Player First Name</b>	
<b>Current Grade</b>	
<b>School</b>	
<b>Date of Birth</b>	
<b>Street Address</b>	
<b>City</b>	
<b>Zip Code</b>	
<b>Players Cell #</b>	
<b>Players e-mail</b>	
<b>Parent/Guardian Name(s)</b>	
<b>Parent Phone Number(s)</b>	
<b>Parent e-mail</b>	

**PARTICIPANT RELEASE OF LIABILITY  
WAIVER AND HOLD HARMLESS RELEASE OF LIABILITY  
\*\*\*READ BEFORE SIGNING\*\*\***

Organization Name: **Panthers Lacrosse Club / Oceanside Lacrosse Club Inc**

Participant Name (PRINTED): \_\_\_\_\_

Full Address: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Panthers Lacrosse Club / Oceanside Lacrosse Club Inc, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**Health Statement**

I will notify Panthers Lacrosse Club / Oceanside Lacrosse Club Inc if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

**Media Statement**

By signing below, I hereby grant and convey to Panthers Lacrosse Club / Oceanside Lacrosse Club Inc all right, title and interest in and to record my name, image, voice, or statements including any and all photographic images and video or audio recordings made by Panthers Foundation Lacrosse Club / Oceanside Lacrosse Club Inc.

**I HAVE READ THIS WAIVER AND HOLD HARMLESS RELEASE OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
Participant's Signature                      Age                      Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature                      Date                      Emergency Phone #(s)

# Parental Consent Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_  
Parents'/Guardians' Names \_\_\_\_\_  
Business Phone(s) \_\_\_\_\_ e-mail \_\_\_\_\_

## To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_,  
(Name of Child)  
to attend and participate in all activities & all trips sponsored by Panthers Lacrosse /  
Oceanside Lacrosse Club Inc, for the period of October 1, 2018 – Sept 30, 2019.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization. We (I) do hereby release, forever discharge and agree to hold harmless the Panthers Lacrosse / Oceanside Lacrosse Club Inc, Oceanside, California, and the directors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child-participant is participating in club activities.

Furthermore, we (I) (and on behalf of our (my) child-participant), hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation activities involved therein.

The undersigned further hereby agree(s) to hold harmless and indemnify said organizations, its directors, employees, and agents, for any liability sustained by said organizations as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Hospital Insurance: ☐ Yes ☐ No

Insurance Company & Policy Number: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian (*sign*) \_\_\_\_\_ Date \_\_\_\_\_

Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Does any of the following apply to your child? (Circle all that apply)

- |   |  |
|---|--|
| 1. Hay fever, asthma, or wheezing           | 6. Frequent colds, sore throat, or earache |
| 2. Has had a Concussion                     | 7. Wears Contact Lenses                    |
| 3. Convulsions/seizures                     | 8. Shortness of breath                     |
| 4. Heart trouble                            | 9. Other (explain in "Remarks" below)      |
| 5. Allergies (medications, bee sting, etc.) | 10. Any reason to avoid contact            |

**\*\*\* Please explain any problem areas identified above in the "Remarks" section.**

Is medication needed or used by the child? ☐ Yes ☐ No

Special conditions to watch for, such as allergy (food/drugs), ☐ Yes ☐ No

Should the child's activity be restricted because of any physical defect or illness? ☐ Yes ☐ No  
(If yes, please explain the degree of restriction in "Remarks.")

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
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## Panthers Lacrosse Club / Oceanside Lacrosse Club

### PARENT/GUARDIAN CONCUSSION PROTOCOL ACKNOWLEDGMENT FORM

In order to help protect our student athletes, the Panthers Lacrosse Club / Oceanside Lacrosse Club has mandated that all athletes, parents/guardians and coaches follow the below Concussion Guidelines.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

<b>Symptoms may include one or more of the following:</b>
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| <ol style="list-style-type: none"><li>1. Headache.</li><li>2. Nausea/vomiting.</li><li>3. Balance problems or dizziness.</li><li>4. Double vision or changes in vision.</li><li>5. Sensitivity to light or sound/noise.</li><li>6. Feeling of sluggishness or fogginess.</li><li>7. Difficulty with concentration, short-term memory, and/or confusion.</li><li>8. Irritability or agitation.</li><li>9. Depression or anxiety.</li><li>10. Sleep disturbance.</li></ol> |
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<b>Signs observed by teammates, parents and coaches include:</b>
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- |  |
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| <ol style="list-style-type: none"><li>1. Appears dazed, stunned, or disoriented.</li><li>2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent).</li><li>3. Exhibits difficulties with balance or coordination.</li><li>4. Answers questions slowly or inaccurately.</li><li>5. Loses consciousness.</li><li>6. Demonstrates behavior or personality changes.</li><li>7. Is unable to recall events prior to or after the hit.</li></ol> |
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**What can happen if my child/player keeps on playing with a concussion or returns too soon?** Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

**If you think your child/player has suffered a concussion:** Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours. ***An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.*** You should also inform you child's Coach, Athletic Trainer, and/or Athletic Director, if you think that your child/player may have a concussion. And **when it doubt, the athlete sits out.**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date