

NWS LAX PLAYER INFORMATION AND EMERGENCY FORM

Player's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Player's Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_ Player Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent name (s) \_\_\_\_\_

Name of Emergency Contact #1: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name of Emergency Contact #2: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Phone #'s \_\_\_\_\_

MEDICAL DISCLOSURE

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Circle the appropriate choice (yes/no):

No I am not aware of any health problem or medical condition that will prohibit my son/daughter from participating in this lacrosse program.

Yes I am aware of the following health problem or medical condition that may affect my son/daughter from participating in this lacrosse program.

Please describe condition/list allergies to medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If neither the parents nor the physician can be contacted in case of serious injury or illness, I authorize Northwest Suburban Lacrosse, Inc. or ILLAX Knights to take such emergency action as may be deemed necessary including transportation to a hospital or medical center. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue comfort.

Signature of Parent or

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_