

Tulsa Youth Lacrosse Association

P.O. Box • Tulsa, Oklahoma • www.tulsalacrosse.com

PLAYER INFORMATION

Player Name: _____
Parent Name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Gender: _____ Birth date: _____ USL#/EXP: _____
School: _____ Grade: _____

MEDICAL INFORMATION

Doctor's Name: _____ Phone: _____
Health Insurance Company: _____ Policy Number: _____ Effective Date: _____
Name of Primary Insured: _____ Employer: _____
Preferred Hospital: _____ Drug Allergies: _____
Medical Conditions: _____

As parent/guardian for the named participant, I hereby consent to allow agents of the Tulsa Youth Lacrosse Association to act in the best interest of my child in the event of a medical emergency. I authorize them to seek appropriate medical attention as required by the circumstances, including transportation to emergency medical facilities. Representatives of the Tulsa Youth Lacrosse Association will notify me and/or the emergency contact as soon as possible. I understand that I am financially responsible for costs incurred in the medical treatment of the named participant.

Signature of Insured: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

ATHLETIC WAIVER

The undersigned parent, guardian or managing conservator of the minor child named above (hereinafter "Player") realizing that the Tulsa Youth Lacrosse Association (hereinafter "TYLA") is a not-for-profit association and that the TYLA and its teams are organized, managed and supervised by volunteers, hereby consents agrees and binds himself/herself, his/her heirs and assigns to the following regarding Player's participation in any and all TYLA activities:

1. In consideration of the benefits by Player's participation in any and all TYLA activities, I hereby consent, approve, covenant and agree to indemnify and save harmless TYLA, its agents, servants, representatives, directors, officers, coaches, managers and referees, and if applicable, owners and lessor of the premises used to conduct the event (all of which are hereinafter "releasees") from and against all actions or causes of action, claims, demands, liabilities, loss, damage or expense of whatsoever kind or nature which may be sustained or incurred by virtue of injury or damage to me or Player resulting or growing out of participation in any and all TYLA activities, including without limitation any cause of action sounding in negligence of any sort now or in the future, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES.
2. I understand and accept the risks involved in this activity that player is voluntarily participating in and agree to accept any and all risks including but not limited to catastrophic injury, paralysis and even death that might result from my participation in this activity.
3. I understand that I must give TYLA a completed and signed registration form before the Player is eligible to participate in the TYLA Lacrosse season.
4. I further understand that TYLA does not provide any personal injury liability insurance whatsoever and that I must provide at my own expense any other insurance I deem necessary. In the event I cannot be reached during a medical emergency, I give my consent for medical treatment by a healthcare professional to preserve the life and well being of Player.

I represent that I have read & understand this waiver and that the information on this registration form is true and correct.

Signature of Parent: _____ Date: _____

Signature of Player: _____ Date: _____