



# Johns Creek Junior Gladiators Girls Lacrosse Club, Inc.

Participant Waiver, Medical Release, and Release of Liability

**THIS FORM MUST BE COMPLETED PRIOR TO ANY PLAYER PARTICIPATION IN PRACTICE OR GAMES. PRINT FORM, COMPLETE, SIGN, AND BRING TO THE FIRST PRACTICE**

## ***MEDICAL INFORMATION***

Please complete the following information in the event that medical treatment needs to be rendered during any Jr. Gladiator Girls Lacrosse activity or event.

Name of Player: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current weight: \_\_\_\_\_ lbs

Parent name: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_

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

## ***AGREEMENT***

Each player and parent/guardian must read the statements below before signing this waiver and release.

***In consideration of my participation in Jr. Gladiators Girls Lacrosse, I acknowledge, understand and agree to:***

1. **WAIVER & RELEASE OF LIABILITY:** I am fully aware of and appreciate that the sport of lacrosse carries certain risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of my daughter that Jr. Gladiators Girls Lacrosse, along with the coaches and volunteers shall not be liable for any injury, loss of life, or loss or damage occurring as a result of my daughter's participation in a lacrosse event, or as a result of equipment that may have been provided to my daughter for these activities.
2. **MEDICAL ATTENTION:** I hereby give consent to Jr. Gladiators Girls Lacrosse to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and/or emergency medical services as warranted in the course of my daughter's participation in Jr. Gladiator Girls Lacrosse events. I further acknowledge that I am responsible for any costs incurred from emergency medical treatment, including transportation.
3. **RETURN TO PLAY FOLLOWING ILLNESS OR INJURY, INCLUDING CONCUSSION:** I acknowledge that it is my responsibility to seek medical care for a possible concussion or other medical condition or injury. I further acknowledge and accept my responsibility to follow the recommendations provided by the health care professional who has examined my daughter. I will not allow my daughter to resume participation in any practice or game until I received clearance for her to do so from a qualified health care professional. I understand that it is Johns Creek Junior Gladiators Girls Lacrosse Club's policy that a player will be removed from play immediately in the event that she exhibits signs, symptoms, or behaviors consistent with a concussion and shall return to play only after she has been cleared to resume play by an appropriate health care professional. Allowing my daughter to return to practice or games constitutes my receipt of medical clearance. I am not required to provide this documentation.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Relationship to player

\_\_\_\_\_  
Date