



**Consent to Play and Liability Release**

I hereby give permission for \_\_\_\_\_ to participate in the Novemburrrrr Tourney, hosted by Seacoast United Lacrosse Club on Sunday, November 7th, 2010, at the Seacoast United Outdoor Complex in Epping, NH. I acknowledge that lacrosse is a high-speed sport, which may involve some contact. I am aware of no medical conditions, illnesses, or injuries that would prevent my child from participating in all aspects of this team membership, except as follows (please state the medical condition and provide a letter from the child's healthcare provider indicating the limitations or restrictions for the child's participation):

\_\_\_\_\_

I hereby give permission to provide emergency medical assistance to my child in case of accident or injury. I agree to indemnify and hold harmless Seacoast United, and any individual working as an officer, coach, employee, agent, or volunteer in any capacity for this organization and/or event, for any and all injuries, damages, causes of actions or claims for personal injuries or property damage, arising from my child's participation in this program.

**If Under 18 Years of Age**

Name of Parent/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**All Participants**

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please print clearly

**INSURANCE INFORMATION**

Health Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_