

ALPHA DOGS LACROSSE
Skills and Performance Training

PARENT INSURANCE/MEDICAL INFORMATION RELEASE & WAIVER FORM

I/we realize the sport of boys' lacrosse and training for the sport can be dangerous. In consideration of our son, _____ participating with Alpha Dogs Lacrosse Training Program, and intending to be legally bound, I/we do hereby release and forever discharge the coaching staff, any visiting coaches or administrators of the Alpha Dogs Lacrosse Training Program from any/all actions or suits in law or equity which I/we might hereafter have, by reason of injuries sustained by my child participating in activities (training sessions) with the Alpha Dogs Lacrosse Training Program.

CURRENT US LACROSSE MEMBERSHIP FOR TRAINEE

PLAYER USL MEMBERSHIP NUMBER: _____

Parent 1 (print): _____ Date: _____

Parent 2 (print): _____ Date: _____

Parent 1 Address:

Parent 2 Address: (if different from Parent 1)

_____	_____
_____	_____
_____	_____
_____	_____

Parent 1 Home Phone: _____ Cell: _____

Parent 1 E-Mail: _____

Parent 2 Home Phone: _____ Cell: _____

Parent 2 E-Mail: _____

INSURANCE INFORMATION OF ATHLETE:

Insurance Carrier: _____ Policy Number: _____

PLAYER MEDICAL INFORMATION - Medical conditions/information we should be aware of:

CERTIFICATION - I/we have read all of the above and will comply/approve:

Parent 1 (signature): _____ Date: _____

Parent 2 (signature): _____ Date: _____