

Cheetah Sports, Inc.

Girl's Lacrosse

RELEASE FORM FOR MEDICAL AND OR HOSPITAL TREATMENT

As the parent/legal guardian of _____, I request that in my absence the named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player. I hereby grant permission for the properly designated Cheetah Sports, Inc. personnel or volunteer to administer emergency care on site or at a hospital or such facility nearest to the practice or game.

Parent's Name _____

Address _____

Telephone (h) _____ (c) _____

(w) _____ (e-mail) _____

Medical Insurance Coverage:

Name of Company and Policy Number: _____

Other Emergency Contact (List Two)

Name Relation Phone #s and e-mail

Name Relation Phone #s and e-mail

Medical History: (Fill in the blanks where applicable)

Known Allergies _____

Epilepsy/Seizures _____ Diabetes _____

Asthma _____ Bee Sting Sensitivity _____

Relevant Medical/Surgical History _____

Daily Medication (Name of Drug and Frequency) _____

DECLARATION

I assume responsibility for any medical bills that may be incurred. I further release Cheetah Sports, Inc., Cheetah Sports, Inc. Staff, Officers, Coaches, volunteers and US Lacrosse and or their representatives from responsibility for any problems that might arise at a result of medical care and or treatment. This includes (hospital listed above) and US Lacrosse Staff. *(Please note that if there has been an injury to a player, we must have a medical release note from a doctor before the player can resume playing).*

Parent Signature

Date

Notary
State of _____
County of _____

Sworn to and subscribed before me on the _____ day of _____, _____.

Notary

Notary Public for the State of _____
Commission Expires _____

CHEETAH SPORTS, INC.
www.knoxlacrosse.com
GIRLS LACROSSE
TEAM REGISTRATION

Player's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

Player's Parent's Names: _____

Address: _____

Primary telephone number (the best way to get in touch with player)

Parent's telephone number: _____

Parent's e-mail: _____

Player's e-mail: _____

Position: _____

Previous Experience (Including Preferred Position): _____

Are you interested in helping in with team organization, uniform ordering, tournaments, officiating, coaching, team mom? _____

Shirt Size _____ Kilt Size _____ Short Size _____

Jersey # (for coach to assign) _____

US Lacrosse Membership Number: _____

(Please attach a copy of your membership card, required) www.uslacrosse.org

Team Fees for the 2007 Fall Season are as follows:

\$25 Middle School and High School Level

\$15 Junior Cheetahs (4th and 5th Graders)

The fees are for field use.

I hereby give my permission in the above athletic program and hereby release and hold harmless Cheetah Sports, Inc., and its officers, directors, employees, agents, and coaches from and against any liability incurred in conjunction with or arising out of my child's participation in the said athletic programs.

Parent Signature

Date