

CARMEL GIRLS LACROSSE

2011-2012 Athlete Information

ATHLETE/PARENT(S)/GUARDIAN INFORMATION			
Athlete's Full Name:		Locker # & General Location:	
Date of Birth:	Age:	Graduation Year:	
USL Membership #:		USL Membership Expiration:	
Medical History/Allergies:			
Permission to Take (Y or N):		Tylenol:	Ibuprofen: Benadryl:
Parent(s)/Guardian Information:			
Mother:			
Father:			
Guardian:			
Home Address Athlete:		Zip:	
Home Address Mother:		Zip:	
Home Address Father:		Zip:	
Home Address Guardian:		Zip:	
Athlete Home Phone:		Parent(s)/Guardian Home Phone:	
Athlete Cell:		Text: Y or N	
Mother Cell:		Text: Y or N	
Father Cell:		Text: Y or N	
Guardian(s) Cell		Text: Y or N	
Athlete E-mail:		Mother E-Mail:	
Father E-Mail:		Guardian E-Mail:	

PLEASE CONTINUE TO NEXT PAGE ...

EMERGENCY CONTACT INFORMATION (Used only in the event parent(s)/guardian cannot be reached.)

Name:	Home Phone:
Relationship to Athlete:	Cell:
Physician Name:	Physician Phone:
Preferred Hospital:	

INSURANCE INFORMATION

Insurance Company Name:	Phone:
Member Name:	Group ID Number:

Waiver and Release: I am fully aware of and appreciate the risks of my child participating in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with such participation. In consideration for my child being permitted to participate in the lacrosse program, and in my capacity as parent/guardian of _____, I/We do hereby release Carmel Girls Lacrosse, Inc., Carmel High School, along with the coaches, volunteers, employees, agents, officers and directors of these organizations, from any and all damages resulting from my child's participation in a lacrosse event including any injury, loss of life or other loss or damage occurring as a result of such participation.

Parent/Guardian Signature: _____ Date: _____

TEAM DIRECTORY INFORMATION:

I authorize for athlete, parent/guardian contact information to be INCLUDED in a team directory. This information will ONLY be shared with athletes, coaches and parent/guardians and will NOT be posted on the CGL website.

Parent/Guardian Signature: _____ Date: _____

CONSENT TO RELEASE INFORMATION:

I consent to the release of information by Carmel Girls Lacrosse (CGL) for any news articles, newspaper, brochure, programs or other means of release of this information in the promotion of CGL. This information may also be posted/placed on any website operated by CGL. Any photographs taken/received/submitted may also be used in promotion of CGL in any, but not limited to, newspapers, brochures, new articles or any website posted/placed by CGL.

Parent/Guardian Signature: _____ Date: _____

