



Sports City League and Business Office

921 Piner Road, Santa Rosa, CA 95403
Phone (707) 526-2884, Fax (707) 581-2044
info@nbsportscity.com, www.nbsportscity.com

YOUTH LACROSSE WAIVER FORM: 17 years and younger

Office Use Only: MEMBER ID# PAID \$ DATE MGR.

PLAYER INFORMATION to be completed by Parent/Legal Guardian. Please PRINT below:

FIRST NAME LAST NAME

BIRTHDATE: YEAR / MONTH / DATE GENDER Male Female

PARENT/LEGAL GUARDIAN INFORMATION to be completed by Parent/Legal Guardian. Please PRINT below:

FIRST NAME LAST NAME

ADDRESS

CITY ZIP CODE

DAY PHONE EVENING PHONE MOBILE

BIRTHDATE: YEAR / MONTH / DATE GENDER Male Female

E-MAIL ADDRESS (to receive receipts, schedules, game reminders, etc.)

EMERGENCY CONTACT EMERGENCY PHONE

Does your child currently have medical insurance? YES NO

LIABILITY/INJURY WAIVER AND RELEASE:

I, THE PARENT/GUARDIAN, OF THE REGISTRANT PLAYER, A MINOR, AM FAMILIAR WITH THE NATURE OF LACROSSE AND INDOOR LACROSSE. I (WE) UNDERSTAND THAT PARTICIPATION IN INDOOR LACROSSE CAN BE DANGEROUS AND I (WE) ACCEPT ALL RISKS OF INJURY AND DEATH.

I (WE) ACCEPT THAT SPORTS CITY IS ONLY PROVIDING AN OPPORTUNITY TO USE AN INDOOR ATHLETIC FACILITY. I (WE) ACCEPT THAT SPORTS CITY DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE. IN CONSIDERATION FOR THE PRIVILEGE TO USE THIS FACILITY I (WE) AGREE TO ASSUME ALL RISKS AND RELEASE AND HOLD HARMLESS SPORTS CITY, IT'S STAFF, AGENTS, OWNERS, OFFICERS, PROPERTY OWNERS, LEAGUE DIRECTORS, OFFICIALS, SPONSORS AND ANY OTHERS HAVING AN INTEREST IN THE FACILITY FROM ALL LIABILITY, NEGLIGENCE, CAUSES OF ACTION, CLAIMS, DEMANDS AND DAMAGES OF EVERY KIND WHICH MAY ARISE OUT OF MY PARTICIPATION IN ANY AND ALL ACTIVITIES AT THIS FACILITY.

I (WE) WILL ENSURE THAT THE REGISTRANT WILL FAMILIARIZE (HIS/HER) SELF WITH THE RULES OF THE GAME AND OF THE FACILITY AND WILL TO THE BEST OF HIS/HER ABILITY PLAY UNDER CONTROL AND AVOID INJURY TO SELF AND OTHER PERSONS USING THE FACILITY. I (WE) UNDERSTAND THAT THE REGISTRANT'S PARTICIPATION PRIVILEGE MAY BE REVOKED AT ANY TIME. I (WE) ACCEPT ANY AND ALL RISK AS DESCRIBED ABOVE AND ACKNOWLEDGE SO BY SIGNING BELOW.

PARENT/LEGAL GUARDIAN: Name (Print)

Signature Date

CONSENT FOR MEDICAL TREATMENT (MINOR):

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature Date