



## Central NY's Premier Lacrosse Organization

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2010-2011 Participation/Medical Waiver/Sportsmanship

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### Participation Waiver

I give my son/daughter permission to participate in the Tri-City Lacrosse/Sports indoor league and clinics. I understand that decisions regarding individual teams are made at the coaches' discretion, and are based on skill level, tryout results (where applicable), participation in practice sessions, commitment, attitude, sportsmanship, and payment of all applicable fees. I understand that my son/daughter will be covered on my own family insurance policy, and maybe eligible for supplemental coverage with his/her U.S. Lacrosse membership (see U.S. Lacrosse membership documents for details). I also understand that Tri-City Lacrosse/Sports or any of its staff cannot be held responsible for any injury due to participation in this sport.

### Medical Waiver/Parents Permission

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

US Lacrosse ID: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Medical Insurance Information:

Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Player allergies or special conditions: \_\_\_\_\_

Player/Parent/Guardian Signature: \_\_\_\_\_

I/We being the parent(s) or legal guardians of the minor named above to hereby appoint:  
Tri-City Lacrosse/Tri-City Sports Staff to act upon my/our behalf in authorizing unexpected medical, dental, surgical care and/or hospitalization for the above named minor during any period of our absence during the 2010-2011 season.

### Sportsmanship

I understand that verbal abuse of any player, coach, or official will not be accepted and may result in a penalty for my son/daughter's team and/or removal from the facility. Any positive encouragement of your son/daughter is acceptable.

Parent/Guardian Initials: \_\_\_\_\_

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Contact Info: Andy Farrell (269-7320) or Paul Noecker (225-9301)

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