



**Player Information Form**

NAME  POSITION

DATE OF BIRTH  GRADUATION YEAR

SCHOOL  TEAM/PROGRAM

REGULAR SEASON COACH

PARENT/GUARDIAN

STREET ADDRESS

CITY  STATE  ZIP

PARENT E-MAIL

PLAYER E-MAIL

PARENT PHONE  PLAYER PHONE

EMERGENCY PHONE

- *All players MUST be members of US Lacrosse*



U.S. LACROSSE #

MEMBERSHIP EXPIRATION DATE



**MEDICAL CONSENT FORM**

*If an emergency arises, list two people who can be notified:*

NAME  NAME

RELATIONSHIP  RELATIONSHIP

PHONE:

- HOME
- WORK
- CELL

<input type="text"/>
<input type="text"/>
<input type="text"/>

- HOME
- WORK
- CELL

<input type="text"/>
<input type="text"/>
<input type="text"/>

**Medical Insurance**

NAME OF COMPANY  
POLICY HOLDER  
POLICY NUMBER  
PHONE  
ADDRESS

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**WAIVER**

*I am fully aware of the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree that Indy Elite Lacrosse LLC, its coaching staff, or Bishop Chatard High School shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in any such lacrosse event or practice.*

PARENT/GUARDIAN PRINT NAME  
PARENT/GUARDIAN SIGNATURE  
DATE

<input type="text"/>
<input type="text"/>
<input type="text"/>

PRINT NAME *(players age 18 & over)*  
SIGNATURE  
DATE

<input type="text"/>
<input type="text"/>
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