



SUMMER BOX LACROSSE PLAYER INFORMATION, WAIVER, & RELEASE FORM

Name			
Street Address			
City			
State	Ohio		
Zip			
Player Phone	()		
Player Email (mandatory)			
Date of birth	/ /	Age	
Height		Weight	
Playing Hand	Right	Left	
Position	Offense	Defense	Goalie
Jersey size	Medium	Large	X-Large

Emergency contact Information: To enable GCL to authorize the provision of emergency treatment for players who become ill or injured while under the supervision from the GCL Demons staff, when emergency contacts cannot be contacted.

Emergency Contact name: _____ Phone: _____

Grant of Consent: “In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of the injured party to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the injured party’s medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted. I hereby give consent for the following medical care providers and local hospital to be called.”

Waiver & Release of Liability/Player Consent: “I understand that lacrosse is a physical contact sport and hereby give my release from liability to the Cleveland Demons Summer Box Lacrosse League under the guidance of Greater Cleveland Lacrosse LLC. I release, waive, discharge, and covenant not to sue the NC Soccer Club, Greater Cleveland Lacrosse LLC, its coaches, officials, or any other directors of Greater Cleveland Lacrosse LLC., for injuries or illness that might occur during play. I verify that to the best of my knowledge the above named applicant is physically able to participate in all lacrosse activities. As a participant in a contact sport, the above player accepts the responsibility to play in a sportsmanlike manner and for the normal, inherent risk of athletic injury.”

Important note: Greater Cleveland Lacrosse LLC highly recommends players be cleared by a medical physician (athletic participation physical) before taking part in any organized sport.

Signature of player: _____ Date: _____

Send completed waiver & release form & **\$140.00** check payable to:

GREATER CLEVELAND LACROSSE
7525 Forthampton Circle, Hudson, Ohio 44236