

V3 LAX!

TOURNAMENT TRAVEL PERMISSION SLIP

Part I—WAIVER OF RESPONSIBILITY

TRAVEL DATE(S) _____ TOURNAMENT CITY _____

Participant Name _____ Date _____

Although reasonable precautions will be taken to ensure the safety of the above individual, I acknowledge that participation in activities associated with V3 LAX! (Lacrosse) involves risks that could result in injury and/or death. Accordingly, I acknowledge and accept the risks inherent with the travel involved and with this knowledge in mind, grant my permission for my child/ward to participate in tournament travel with the team. In consideration of the benefits received, I agree to hold harmless and waive all claims against V3 LAX!, any volunteers, activity coordinators, employees and organizations associated with this event. Additionally, I have provided the coaches and/or their designees all pertinent health information to include any known physical limitations of the participant. By signing this agreement I waive my right to bring any action to recover compensation or obtain any other remedy for any injury, death or loss of property arising from the associated tournament travel.

Parent/Guardian Signature _____ Date _____

PART II—PARTICIPANT INFORMATION

Player Name _____ Birthdate _____ Age _____

Please list any allergies to foods, medications, etc. _____

Has participant been prescribed (and will he be in possession of) an inhaler _____ Dosage? _____
_____, Epipen? _____ Reason for use? _____

Is participant presently taking medication? _____ Name/Dosage? _____

Does student wear contact lenses? _____ Glasses? _____ Braces? _____ Date of last Tetanus Shot _____

I hereby give my consent to V3 LAX!, any volunteers, activity coordinators, employees and organizations associated with this event to administer the non-prescription items to my child as checked below.

_____ Acetaminophen _____ Antibiotic Ointment _____ Antacids _____ Ibuprofen _____ Electrolyte Drinks
(i.e. Tylenol) (i.e. Advil, Motrin) (To help prevent heat illness/cramps)

Parent/Guardian Signature _____ Date _____

I certify all the above information is correct. _____
Parent/Guardian Signature

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Part III—EMERGENCY DATA

TRAVEL DATE(S) _____ TOURNAMENT CITY _____

Please PRINT ALL information in BLACK OR BLUE INK ONLY.

Last Name	First Name	MI	Date of Birth	Gender	Age
Street Address (No P.O. Boxes)		City/State		Zip Code	Home Telephone Number
Father (Male Guardian)	Employer	Work Telephone	Cell Phone	Relationship to Participant	
Mother (Female Guardian)	Employer	Work Telephone	Cell Phone	Relationship to Participant	
Insurance Provider	Policy Number		Name of Insured	Relationship to Participant	
Emergency Contact (Other Than Parent)	Home Telephone		Cell Phone	Relationship to Participant	

Part IV—EMERGENCY AUTHORIZATION

In case of an emergency involving my child, _____,

I understand that every effort will be made to contact the individual(s) listed in the above Emergency Data.

In the event that the person(s) cannot be reached, permission is hereby granted to the medical provider selected by the Adult in Charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the Adult in Charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communications with the participant's parents or guardian, and/or determination of the participant's ability to continue to participate in the program activities.

Please list any health problems that might be significant to a physician evaluating your child in case of an emergency.

Signature of Parent or Guardian _____ Date _____

Relationship to Participant _____

Daytime Phone Number _____ Evening Phone Number _____
(Where you can be reached in an Emergency) (Where you can be reached in an Emergency)

*** Emergency Permission Form may be reproduced to travel with V3 LAX! and is acceptable for emergency treatment if needed.**

I certify all the above information is correct. _____

Parent/Guardian Signature