West Side Warm Up Roster/Waiver Form

The under signer, and the undersigned's heir executors and administrators, hereby waive and forever release and discharge West Side Lacrosse LLC and West Side coaching staff, for personal property damage or physical injury which may be sustained or which occurs during participation in activities, whether or not such injuries or property damage or loss in caused by, is connected to, or arises out of, any acts or omissions of the West Side staff, and coaches.

Medical Treatment Authorization

I authorize medical treatment and care for my son as may be deemed necessary. I understand that the consent and authorization granted herein does not include surgical procedures and are valid only during the time that my son is in attendance. I know that it is my responsibility to tell the coaching staff if my son has any physical condition or requires any treatment or medication that a clinician should be aware of (allergies, disabilities, medical condition, etc.) and I must provide this in written notification at the time of registration. I understand that every reasonable attempt will be made to contact me in case of an emergency. However, in the event of an emergency and if I cannot be reached, I give my consent for my son to receive the proper treatment and/or medical services needed to perform any necessary emergency procedures.

#	Player Name	Parent Signature	Date