

Please check below if you would be able to help out during the season:

Coaching_____ Team Mom_____

Fundraisers_____ Administration_____

Medical Certificate

Today's Date: _____ Grade: _____
Name: _____ Age: _____

Medical Information/ Check and / or provide applicable information:

Glasses/Contacts_____ Diabetic_____ Asthmatic_____ Seizures _____
Hearing Impaired_____ Speech Impaired_____ Other_____

Medications Please list _____
Allergies: Bee Stings_____ Penicilian_____ Other_____

Parental Consent

I hereby give my consent for my child_____ to participate in activities involving Tsunami Lacrosse. I agree that I shall assume all risk and responsibility in connection with my child participating in said activities. I also give permission for my child to travel with their team/squad, in adherence with scheduled home/away games. I further agree that I shall not hold responsible any officer, coach, or staff member of his organization or Tsunami Lacrosse for any injury or damages sustained by my child while participating in such activities. I understand that my signature indicates blanket approval and covers all team related activities and, in the event of my absence, the right to approve and/or administer medical assistance as needed.

Print Name_____ Signature_____ Date_____

I certify that I have examined this person and found him to be physically fit to participate in Youth Lacrosse.

Recommendations and/or restrictions: (if none, please state so):

Physician's Signature and Physicians Stamp

IMPORTANT MESSAGE FOR PARENT/GUARDIAN:

This medical certificate must be complete and valid before your child will be able to participate in any activities. This includes camps, practices and distribution of equipment and uniforms!! This is a policy which is **strictly** enforced!!

We hope you understand this is for the safety