



Kelowna Minor Lacrosse Association Medical Form

Player Surname: _____ Player First Name: _____

Address: _____

City: _____ Postal Code: _____

Parent Cell Ph: _____ Home Ph: _____ Work Ph: _____

Player Birthdate: _____ Care Card #: _____

Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Emergency Contact

Surname: _____ First Name: _____ Relationship: _____

Cell Ph: _____ Home Ph: _____ Work Ph: _____

Medical History for Athlete

Do you wear contacts or corrective eye wear? YES NO

Do you have any medical illnesses requiring treatment (list)? _____

Do you have any allergies (list)? _____

List prescription medications _____

Do you have previous head (including concussions), neck or back injuries (if yes, list approx. date)?

Prior heat related problems? YES NO



(If yes, please summarize circumstances) _____

List all other previous significant injuries _____

Other _____

Trainer's Information:

Do you require any joint (e.g., knee) or area of the body taped (e.g., foot / arches)? YES NO

If Yes, please list the area: _____

RELEASE AND WAIVER OF LIABILITY

I acknowledge that I have enrolled my child in a lacrosse program promoted by Kelowna Minor Lacrosse Association, and I agree to this release and waiver of liability in consideration of the opportunity for my child to participate in lacrosse. In consideration of this opportunity I agree to hold Kelowna Minor Lacrosse Association, its officers, directors, successors, agents and anyone acting on their behalf free and clear from all manner of litigation, damage claims or demands in law or in equity of every kind which may have legal recourse by reason of personal injury (including death) to my child, loss or damage to myself or property resulting from any cause whatsoever including without limitation the negligence of Kelowna Minor Lacrosse Association, its officers, directors, successors, agents and anyone acting on their behalf, which may occur during or by reason of my child participating in games and practices under its jurisdiction. I understand that the British Columbia Lacrosse Association (BCLA) maintains insurance for BCLA athletes in good standing with Extended Medical/Dental Benefits and \$5 Million Liability insurance coverage. In consideration of this application I agree to play under the auspices of the BCLA, its officers and directors. Insurance brochures outlining the details and limitations of the insurance coverage are available through the BCLA. Save for entitlements covered by BCLA insurance, I accept full responsibility for the cost of treatment for any injury suffered by my child while taking part in the Kelowna Minor Lacrosse program. I further state that I am of lawful age and legally competent to agree to this affirmation and release: that I understand the terms herein are contractual and not a mere recital. I have agreed to this document as my own free act and have no doubts concerning the contents of the release agreement.

Printed name of Parent/Legal Guardian

Printed name of Participant

Signature of Parent/Legal Guardian

Date