



Kelowna Minor Lacrosse Association Medical Form

Surname: _____ Given Name: _____

Address: _____ City: _____ Postal Code: _____

Home Phone #: _____ Alternate Phone #: _____

Birthdate: _____ Care Card #: _____

Emergency Contact Information

Name: _____ Relationship: _____

Contact Phone #: _____ Alternate Phone #: _____

Physician: _____ Medical Clinic Name: _____

Address: _____ Phone #: _____

Medical History

Do you wear contacts or corrective eye wear? YES NO

Do you have any allergies? YES NO

If yes, please list: _____

Have you ever sustained a concussion? YES NO

If yes, please list when, the sport(s), degree of the concussion(s) and recovery time(s):

Have you been hospitalized in the last 6 months? YES NO

If yes, please describe: _____

Have you ever sustained injuries to your knees, ankles, elbows, wrists or shoulders that required medical attention? YES NO

If yes, please describe: _____



Do you have prior heat-related problems? YES NO

If yes, please describe): _____

Please list any other medical information you feel important for us to know: _____

Trainer's Information

Do you require any joint or area of the body taped? YES NO

If yes, please list the area(s): _____

RELEASE AND WAIVER OF LIABILITY

I acknowledge that I have enrolled my child in a lacrosse program promoted by Kelowna Minor Lacrosse Association (KMLA), 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 KMLA, 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 KMLA, 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 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 KMLA 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