

## PLA Consent to Treat/Travel Release & Liability Waiver

This is to certify that on this date, I \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, give my consent to Plano Lacrosse Association (PLA) and its medical representative to obtain medical care from any licensed physician, hospital or clinic for the above mentioned PLA player, for any injury that could arise from participation in any PLA games. This Consent to Treat Form is in effect from the date noted below and will stay in affect for one (1) year.

Name of company insuring player: _____ _____ Policy and Group #: _____ _____ Address: _____ _____ Phone: _____ Medicines taken regularly: _____ _____ Allergies: _____ _____ Medical conditions: _____ _____	Insured's name: _____ _____ Relationship to player: _____ Home address: _____ _____ Home phone: _____ Father cell: _____ Mother cell: _____ Other emergency contact: _____ _____ Parent signature: _____ _____ Date: _____
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I am the parent or guardian of \_\_\_\_\_, a lacrosse team player for the Plano Lacrosse Association. I understand that the team will travel to tournaments and games outside the Dallas/Fort Worth area. I understand that during travel periods when I am not on the trip or present at the games, my child will be supervised by the teams' coaches or persons designated by the coaches or PLA leaders. I understand that the persons supervising my child during such travel periods may transport my child by motor vehicle in the area where the travel is taking place. Understanding all of the above, I, on behalf of myself, my spouse and child, and any of our respective heirs, successors or agents, do hereby:

- 1) Authorize my child to participate in travel undertaken by the team.
- 2) Release and discharge the Plano Lacrosse Association, its leaders, coaches and persons transporting or supervising team players at the request of any coach or PLA leader from any and all liability, claims or causes of action arising out of such activities during the scheduled team activities and travel.

This Travel Release and Liability Waiver is in effect as of the date noted below and shall remain in full force and effect from one (1) year from date.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Printed) \_\_\_\_\_