

LACROSSE RISK ACKNOWLEDGEMENT

Name of student-athlete:

TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN

I am aware that trying out, practicing, playing, or any other form of participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY.

I understand that the risks of engaging in the sport of *Lacrosse* include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health and well-being and may impair future abilities. It is the responsibility of the student athlete and parent to report to the coach and the athletic trainer any medical condition and /or medication the student may require during the course of the activity inclusive but not limited to practice, travel, games/performances.

Because of the risks described above, I recognize the importance of my child/ward listening to and following all of the coach's verbal and written instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I agree to direct and encourage my child/ward to obey all of the coach's instructions and warnings.

Parent/Guardian's Signature

Date

TO BE COMPLETED BY THE STUDENT-ATHLETE

I am aware that trying out, practicing, playing, or any other form of participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY.

I understand that the risks of engaging in the sport of *Lacrosse* include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health and well-being and may impair future abilities. It is the responsibility of the student athlete and parent to report to the coach and the athletic trainer any medical condition and /or medication the student may require during the course of the activity inclusive but not limited to practice, travel, games/performances.

Because of the risks described above, I recognize the importance of listening to and following all of the coach's verbal and written instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. I agree to obey all of the coach's instructions and warnings.

Student-Athlete Signature

Date