

Parent's/Guardian's Permission Form

I/We hereby give consent for my son/daughter

_____ *(Name of Player)* to

participate in practices and games organized by Mid Missouri Lacrosse League. If we cannot be reached in case of emergency, we also consent for Mid Missouri Lacrosse League to obtain a physician or hospital of the organization's choice, if such medical care is reasonably necessary for the welfare of the player, if he is injured in the course of lacrosse activities, practice or games. Furthermore, I release and hold harmless Mid Missouri Lacrosse League and its affiliates in the event of any injury sustained to my son/daughter through the routine course of practice and game play.

Signature of Parent or Guardian

Date

Phone Number

Please Print Parent or Guardian Name _____