

# Parental Consent Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_  
Parents'/Guardians' Names \_\_\_\_\_  
Business Phone(s) \_\_\_\_\_ e-mail \_\_\_\_\_

## To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_,  
(Name of Child)  
to attend and participate in all activities & all trips sponsored by Panthers Lacrosse /  
Oceanside Lacrosse Club Inc, for the period of October 1, 2017 – Sept 30, 2018.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization. We (I) do hereby release, forever discharge and agree to hold harmless the Panthers Lacrosse / Oceanside Lacrosse Club Inc, Oceanside, California, and the directors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child-participant is participating in club activities.

Furthermore, we (I) (and on behalf of our (my) child-participant), hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation activities involved therein.

The undersigned further hereby agree(s) to hold harmless and indemnify said organizations, its directors, employees, and agents, for any liability sustained by said organizations as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

Hospital Insurance:  Yes  No

Insurance Company & Policy Number: \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

