



Bellevue Girls Lacrosse Association
2012 CLEARANCE & EMERGENCY FORM
 Authorization, Medical Release, and Concussion Awareness

PLAYER INFORMATION

Name (Last, First)	Home Address (Street)
Date of Birth	City Zip
School Attending Current Grade	Phone Numbers (w/ area code if NOT 425) Home: Parent/Guardian Work: Parent/Guardian Cell: Player Cell:
Father or Guardian (Print)	Mother or Guardian (Print)
Parent/Guardian Email(s)	Player Email(s)
Medical Insurance Company	Policy #
Name of Family Physician	Phone #

PARENT OR GUARDIAN AUTHORIZATION TO PARTICIPATE

I/We, the parent(s) or guardian(s) of the above named applicant to Bellevue Girls Lacrosse Association, hereby give my/our approval to said applicant's participation in any and all Bellevue Girls Lacrosse Association activities during the current season. I/We assume all risks and hazards incident in such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and hold harmless the Bellevue Girls Lacrosse Association, its volunteers, sponsors, supervisors, participants and any person transporting the applicant, except to the amount covered by accident or liability insurance. I/We will furnish a certified birth certificate of the applicant upon request of the Bellevue Girls Lacrosse Association. I/We agree to be financially responsible for Bellevue Girls Lacrosse Association equipment issued to the applicant other than normal wear and tear or breakage that may occur in practices and games. I/We will reimburse the Bellevue Girls Lacrosse Association for the loss and or damage of equipment. I/We approve the use of photos & images of the above-named applicant in promotional materials of the Bellevue Girls Lacrosse Association. I/We certify that to the best of my knowledge, all of the above information is accurate and correct and that any false information may be cause to disqualify the applicant.

Father or Guardian Signature & Date X	Mother or Guardian Signature & Date X
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Team (circle one)				Player name (Last, First)	
3&4	5&6	7&8	HS		
EMERGENCY MEDICAL RELEASE					
I/We the parents or guardians of the applicant, give my/our permission for any emergency treatment by any qualified individual, necessary either on the practice fields or game fields. I/We authorize any hospital and or physician to perform emergency treatment for any injuries resulting from any authorized Bellevue Girls Lacrosse Association function, including transportation to and from said function. This release expires on December 31, 2012.					
Father or Guardian Signature & Date X			Mother or Guardian Signature & Date X		
CONCUSSION AWARENESS and CODE OF CONDUCT					
Player & Parent/Guardian: We have read the Concussion Information & Awareness document, understand it, and agree to abide by its guidelines. Additionally, we have read the Code of Conduct document, understand it, and agree to abide by its requirements.					
Player Signature & Date X			Parent/Guardian Signature & Date X		

**NOTE:
ALL PLAYERS MUST HAVE THEIR CLEARANCE / EMERGENCY
FORM SIGNED-OFF ON-LINE OR
SUBMIT THIS COMPLETED & SIGNED
CLEARANCE / EMERGENCY FORM BEFORE BEING ABLE TO
PARTICIPATE IN ANY PRACTICES OR GAMES**

**Gail C. Wolz, Registrar
BGLA / BE LAX
6202 113th Place SE
Bellevue, WA 98006**

Registration questions? Email gailw@belax.org or call 425-228-8436

Other lacrosse or BGLA questions? Check-out our website... www.belax.org

Bellevue Girls Lacrosse Association (BGLA) is a charitable organization under the Internal Revenue Code Section 501(c)(3) with Fed ID# 20-3903648. Funds donated in excess of registration fees are tax deductible to the extent allowed by law.