

Gwinnett Youth Lacrosse League
<http://www.gwinnettlacrosseleague.com>
General Agreement/Release/Waiver for Play Ups

TERMS AND DEFINITIONS: Pursuant to the _____ Gwinnett Lacrosse League (GLL) Covenants, Regulations, and By-Laws, to wit, Rule 2(C), "play ups," wherein a player may play up one age classification, shall require written approval by the GLL.

Associations must request in writing that a player be considered for playing at a higher level. In addition, the GLL Board may allow six (6)-year-olds to play on U-9 teams, as there is no contact. The GLL will only grant such an allowance when (1) the requesting association has submitted a signed waiver from the legal guardian of said player/child clearing the association of any fault; and, where applicable, (2) the head coach of the U-9 team for whom the child/player will play signs an approval stating the child is mentally and physically developed enough to play U-9 lacrosse and will not hinder play.

GENERAL AGREEMENT, RELEASE AND WAIVER: My child, _____, has the opportunity to participate in the organized lacrosse activities provided or sponsored by the _____ and the Gwinnett Youth Lacrosse League. I fully realize and acknowledge that my child, _____, whose birth date is _____, will be playing up, i.e., will be playing up one age classification for the ____ GLL season. I fully realize and acknowledge that, even with coaching and the use of proper equipment, injuries are a possibility in any sport or athletic activity, and I recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in the organized lacrosse activities provided or sponsored by the _____ and the Gwinnett Youth Lacrosse League:

- 1) I give my express permission for my child to participate fully in organized lacrosse activities provided or sponsored by the _____ and the Gwinnett Youth Lacrosse League;
- 2) I assume all risks, including any risks associated with any special medical needs or condition of my child*, of my child's participation in organized lacrosse activities provided or sponsored by the _____ and the Gwinnett Youth Lacrosse League, including any concomitant risks associated with my child playing up one age classification;
- 3) I authorize any coach or other adult supervising the organized lacrosse activities provided or sponsored by the _____ and the Gwinnett Youth Lacrosse League in which my child participates to obtain, on behalf of my child, in my absence and at my expense, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation;
- 4) I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation; and,
- 5) I agree that all expenses relating to or arising out of any such injuries or loss of life will be my financial responsibility, and my child and I agree to release, hold harmless and indemnify the _____ and the Gwinnett Youth Lacrosse League, and their respective officers, employees and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injuries, regardless of severity, or loss of life relating to or arising out of my child's participation in any organized lacrosse activities.

School Year _____

Lacrosse Classification Desired for the 2020 Season: _____ Bantam _____ Lightning _____ Junior _____ Senior

Student's School _____

Student's Name _____ Student's Grade _____ Student's Birthdate _____

I/WE HAVE READ THIS AGREEMENT/RELEASE/WAIVER CAREFULLY AND UNDERSTAND ITS CONTENTS.

Parent or Legal Guardian _____ Date _____
(signature)

Parent or Legal Guardian _____
(printed name)

Home phone: _____ Mobile: _____

Emergency contact name and number: _____

Information continued on page two (2).

Parent's Initials

***Note: Special medical needs or conditions of my child include:**

Allergies: _____ Carries an EpiPen: Y / N Carries an Inhaler: Y / N

Daily Medications: _____

My medical insurance company is: _____

My policy number is: _____