

Chanhassen High School Lacrosse

Wisconsin Trip – Parental Consent and Agreement



Player: _____

- 1) **Acceptance of participation:** In accordance with the rules, by-laws and code of conduct of the Chanhassen High School Lacrosse team, Chanhassen High School, the Minnesota State High School League, I give my consent and approval for the participation of the above-named child to attend and play lacrosse on the planned trip to the Waukesha/Madison area (4/10/2026 – 4/11/2026).
- 2) **US Lacrosse Membership:** I agree that the above player is a current member of US Lacrosse.
- 3) **Medical Attention:** I hereby give my consent to the Chanhassen High School Lacrosse Team coaching staff to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted and detailed below in the Medical Waiver (page 2 and 3).
- 4) **Waiver of Responsibility:** I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I, on behalf of myself, my child, my heirs and personal representatives, and as parent/guardian of the player identified above (“Player”), hereby indemnify and hold Chanhassen High School, its coaching staff, officials, board members, agents, medical staff, employees, volunteers and sponsors (“Releasees”), harmless against any and all property damage, personal injury and/or death caused by attendance at, transportation to, or participation in the sport of lacrosse, lacrosse practices, scrimmages and/or games, and/or caused by medical attention referred to in paragraph three (3) above and/or the two (2) page Chanhassen Lacrosse team Medical Waiver document, even if such property damage, personal injury and/or death is caused by the negligence of Releasees. It is agreed that this indemnification and hold harmless does not apply to gross negligence and/or wanton misconduct on the part of the Releasees.

Player US Lacrosse Number: _____

Parent Signature: _____

Printed Name: _____

Date: _____

Directions: Completion of this form by a parent or guardian is required before a player can attend the trip. Please answer all questions. Incomplete forms will be returned to you for the missing information. Attach any specific recommendations from your physician to this form.

DOES THE PLAYER CURRENTLY HAVE ANY OF THE FOLLOWING? (if yes, please describe)

Drug Allergies: _____

Food Allergies: _____

Allergies to Insect Bites: _____

Special Dietary Needs: _____

Asthma: _____

Frequent Headaches: _____

Dizziness or Seizures: _____

LIST: Other health problems: _____

Limitations of Activities: _____

Medications the player is currently taking: _____

(Please note: Our staff cannot administer any medications, prescription or non-prescription to players. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the player will need to take medications while attending this trip, they must bring the medication to camp and assume responsibility for taking it as needed or indicated.)

Will your son require any specific treatment for a medical/emotional condition while participating in the planned trip? If yes, please explain. Yes No

PHYSICIAN'S INFORMATION (Please **PRINT** the following information):

Physician's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____