



Lancaster Police Activities League Information/ Waiver Form

Athlete's full name _____

Age ____ Date of Birth ____/____/____

Parent/Guardian full name _____

Full Address _____

Tel. # Home _____

Work _____

Cell/Other _____

E-mail: _____

Person to notify in emergency _____

Tel # _____

Medical Concerns/Allergies of player (if none please write none, if yes please describe)

WAIVER / INDEMNIFICATION

Parent(s) or legal guardian must sign below before athlete is accepted to participate in the Lancaster Police Activities League program: As parent/legal guardian of the child named herein, I hereby represent that the child has been examined by a physician and is physically fit to participate in the Lancaster Police Activities League program. I understand there are inherent risks to participating in any athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation at Lancaster Police Activities League. I further agree to indemnify and hold harmless the Lancaster Police Activities League from any and all liability, damage, or expense arising out of my child's participation at Lancaster Police Activities League program.

In the event that I cannot be reached in an emergency, I hereby give permission for a qualified Lancaster Police Activities League staff member, an emergency medical technician, a physician or staff member at a hospital, or any other qualified individual to administer care and provide any medical treatment deemed necessary for my child.

Signature of parent(s) or legal guardian: _____

Date: _____