



# Wilmslow Lacrosse Club

## Consent Form

### Parent / Guardian

My son / daughter / ward is in good health and I consider him / her capable of taking part in lacrosse. I have completed the medical details and consent that in the event of any illness / accident, a suitably qualified person can administer any necessary treatment to my son / daughter / ward. I also accept that there are risks associated with competing in sports events and that the club officials / managers will take every precaution to minimise those risks.

I have read and understand the Codes of Conduct, and agree to abide by them. I accept that by breaching the Codes of Conduct I, and / or my son / daughter / ward are liable to face disciplinary procedures.

Name of Parent / Guardian \_\_\_\_\_  
(if player is under 16 yrs old)

Signature of Parent / Guardian \_\_\_\_\_  
(if player is under 16 yrs old)

### Photographs with / without names attached

I consent / do not consent to the publication of photographs containing my son / daughter / ward / myself in the media and / or the Wilmslow Lacrosse Club Website

Name of Parent / Guardian / Player \_\_\_\_\_

Signature of Parent / Guardian / Player \_\_\_\_\_

### Player

I have read and understand the Codes of Conduct, and agree to abide by them. I accept that by breaching the Codes of Conduct I am liable to face disciplinary procedures.

Name of Player \_\_\_\_\_

Signature of Player \_\_\_\_\_

**PLEASE COMPLETE THE MEDICAL FORM WHICH CAN BE FOUND ON THE REVERSE OF THIS PAGE.**