



Lady Vipers Lacrosse Participation & Medical Release Form

Please make sure that your US Lacrosse membership is renewed so that it is current through May 31st of the end of the current season. You can renew or get your US Lacrosse membership, [link here](#). Membership fee is \$35.00.

Parent/Guardian Permit: I hereby give my consent for the above-named student to participate in the Lady Vipers Lacrosse Organization (Club). This includes, but is not limited to, practices, games, travel with the coach and/or team representatives, and other sponsored events. I agree that the above-named student will abide by all Club rules and the team code of conduct.

Club Grade Policy: The Lady Vipers Lacrosse Organization (Club) High School Grade Policy follows UIL no pass/no play guidelines. The Club Board will oversee enforcement of the policy. Any questions or concerns should be directed to the Board. If you feel your player should receive special consideration, contact one of the Board members upon registering your player. All players must execute the "Permission to Obtain Grades" to participate on the Club Team.

Eligibility to participate in lacrosse for a 6-week period, following the initial 6-week period of the school year, a student must not have a recorded grade average lower than 70 on a 0-100 scale in any course for the preceding 6-week period. A student who's recorded 6-week grade average in any course lower than 70 at the end of a 6-week period shall be suspended from participation in any lacrosse activity even during the succeeding 3-week period. If the student is passing all classes at the 3-week mark, the student may regain eligibility.

Although Vandegrift High School notifies our organization when student athletes are ineligible, player and parents are also responsible for notifying our Head Coach if a player becomes ineligible to participate due to grades. NO REFUNDS WILL BE GIVEN FOR MISSED PLAYING TIME DUE TO INELIGIBILITY.

I give permission to Vandegrift High School to release grades for eligibility purposes to an authorized representative of the Lady Vipers Lacrosse Organization.

Website Pictures: I give my consent to post my player's picture on the Club's website.

Assumption of Risk & Release of All Claims: It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident or injury remains. Each coach is aware of the dangers and will make every effort to prevent injuries with proper conditioning, protective equipment and safe practices. However, not all injuries are preventable and SEVERE INJURIES OR EVEN DEATH CAN OCCUR DURING ATHLETIC PARTICIPATION. The Club, Club coaches, Club board, volunteers, Leander Independent School District (LISD), nor the City of Austin assumes any responsibility in case an accident occurs.

I understand the possible risk of injury present in athletic participation. I do hereby agree to indemnify and save harmless the Club, its agents, employees and officers from any and all claims, demands, actions, judgments, and executions which I may have or which my heirs, executors, administrators or assigns may have or claim to have against the Club, its agents, employees, officers, parent-volunteers, successors in interest or assigns for all personal injuries, known or unknown, and to all known or unknown injuries to property, real or personal, caused by or arising out of participation in athletics including travel and related activities.

Medical Consent: If, in the judgment of any representative of the Club, the above student should need immediate care and treatment because of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given said student by any Physician, Athletic Trainer, Nurse, Hospital or organization representative.

In the event of serious injury or illness, I understand that an attempt will be made by a Club representative, attending Physician or Nurse to contact me in the most expedient way possible. If direct communication is not possible, the treatment necessary for the welfare of above student is authorized. I understand that this authorization is given in advance of any specific diagnosis, required treatment or hospital care and is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to all such treatment or hospital care deemed advisable. I also do hereby agree to indemnify and hold harmless the adult leader in charge, the Club, Club coaches, Club board, Club player/parents., volunteers, LISD, the City of Austin or Travis County from any claim by any person whatsoever on account of such care and treatment of my child.

Insurance Information: I hereby release the Club from responsibility for any injuries that should occur to above student in any club activities for the school year. I understand that I am responsible for all medical expenses associated with participation in the program.