

BELLEVILLE LACROSSE ATHLETIC ASSOCIATION

Photo/Video Release Form

AUTHORIZATION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, _____, hereby authorize **Belleville Lacrosse Athletic Association** of **BELLEVILLE, MI** to use, reproduce, and/or publish photographs and/or video that may pertain to me or my child—including my image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors. This material may also appear on the boosters or project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the boosters or project sponsor may publish materials, use my name, photograph, and/or make reference to me in any manner that the boosters or project sponsor deems appropriate in order to promote/publicize service opportunities.

Athlete Emergency Card

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

FATHER'S NAME: _____ WORK TELEPHONE: _____

MOTHER'S NAME: _____ WORK TELEPHONE: _____

HOME TELEPHONE: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

After 2:00 p.m. I can usually be reached at _____

Name of relative or friend that should be contacted in case of an emergency if I cannot be reached:

NAME: _____ TELEPHONE NUMBER: _____

FAMILY PHYSICIAN: _____ TELEPHONE NUMBER: _____

In an emergency I give my permission for my child to be treated by any physician if I cannot be reached at the above numbers.

BELLEVILLE LACROSSE ATHLETIC ASSOCIATION

WAIVER

I give permission for my child _____ to participate in **BELLEVILLE LACROSSE ATHLETIC ASSOCIATION'S** activities. I also grant permission to staff and/or coaching personnel of **BELLEVILLE LACROSSE ATHLETIC ASSOCIATION** to authorize and obtain medical care and treatment from any licensed physician, hospital, or medical clinic, including minor surgery, deemed necessary by a duly licensed physician should my child become ill or injured while participating in any kind of activity at **BELLEVILLE LACROSSE ATHLETIC ASSOCIATION**, when neither parent/guardian is available to grant authorization for emergency treatment. I hereby release **BELLEVILLE LACROSSE BOOSTERS AND OR BELLEVILLE LACROSSE ATHLETIC ASSOCIATION, IT'S BOARD MEMBERS AND COACHING STAFF** from any liability arising from my child participating in any activity in the **PROGRAM**. I also hold the above harmless and indemnified from all claims. I understand and voluntarily consent to this agreement.

Guidelines

1. All Players and Parents must sign guidelines and waivers.
2. Profanity will NOT be tolerated.
3. You will be expected to conduct yourself in a first-class manner at all times.
 4. You will be expected to clean up after yourself
 5. No foul play will be tolerated.
6. You are expected to take care of all facility equipment.
7. You understand payment must be made before services are rendered.

I have reviewed **BELLEVILLE LACROSSE ATHLETIC ASSOCIATION'S Waiver** and Guidelines and agree to abide by the guidelines set forth by them. At all times, I will display good sportsmanship and make it fun for my player.

I have read and understand all the above information

Player's Signature _____ Player's Printed Name _____

Parent/Guardian's Printed Name _____

Signature, parent or guardian _____

(if under age of 18)

***THIS STATEMENT MUST BE SIGNED IN ORDER FOR THE PLAYERS TO ATTEND BELLEVILLE LACROSSE ATHLETIC ASSOCIATION EVENTS**