



## PARENT CONSENT TO TREAT

I further consent that a certified athletic trainer or coach may apply first aid treatment for any injury or injuries sustained during practice or games until the parent/guardian can be contacted.

I hereby consent the certified athletic trainer, school administrator, or coach may secure medical first aid, ambulance services, and if necessary emergency room care, when needed, as a result of injury during participation in practices/games scheduled by Vallivue Lacrosse Association.

My participation in the Middleton Lacrosse Club is entirely voluntary on my part, and with the understanding that I have not violated any of the eligibility rules and regulations of the state association.

Our signatures below indicate we have read and completed any and all necessary forms required by the Middleton Lacrosse Club to participate in lacrosse.

Parent Signature: \* \_\_\_\_\_

I/We have read, understand and agree to comply with the Waiver as outlined above.