



Österreichischer Lacrosse Verband
CONFIRMATION (PARTICIPATION OF MINORS)

I hereby confirm that my under-age child _____, born on _____,
(Name) (Date of Birth)
is granted permission to take part in competitive matches of the Austrian Lacrosse League.

Please provide the following data (should any of those not be applicable, please cross out the according fields):

1. My child has the following medical restrictions:

2. My child takes the following medication (no liability of coaches, referees, club or federation is possible):

3. My child has the following allergies/intolerances:

I hereby authorize any of the coaches present to look after my child in case of a possible consultation of a doctor or during a stay in hospital and to pass on the information given above to the attending physician. Furthermore, I authorize them to establish contact between the attending physician and a parent in order to enable necessary medical decisions by the parent. I provide any information necessary to ensure this.

Should no contact be possible, the responsibility remains with the attending physician. I hereby release the coaches and representatives of the OeLaxV from any responsibility or liability for injuries or diseases of my child – especially those occurring during training or competitive matches, as far as legally possible.

I AM AWARE OF THE FACT THAT DURING PHYSICAL ACTIVITIES IN THE COURSE OF COMPETITIVE SPORTS, MY CHILD IS EXPOSED TO AN ELEVATED RISK OF BEING INJURED.

I hereby confirm that, as far as legally possible, I will abstain from any claims against the OeLaxV, its representatives and the club coaches resulting from my child's participation in the Austrian Lacrosse League. I will bear all expenses for medical treatment of my child.

Parent's Name Address

Telephone Number (Private) Telephone Number (Business) e-mail Address (if available)

Person to be contacted if parent cannot be reached: _____
Name Telephone Number

My signature below attests that I have read, understood and that I agree to this statement of confirmation. I have provided all data requested completely and to my best knowledge.

Place, Date and Parent's Signature