

Medical Treatment Authorization Form

This form grants temporary authority to NorCal RIZE, LLC to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form will be given to a NorCal RIZE Director, then carried by them.

Minor

Full Legal Name: _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ **Policy #:** _____

Allergies to Medications: _____

Allergies (Other): _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for NorCal Rize, LLC (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective from the first day of practice 1/22/17 through the last day of the fall/winter lacrosse session, 1/28/18.

Signed this ____ day of

Parent / Legal Guardian Signature: _____

Printed Name: _____

NorCal RIZE PLAYER CODE OF CONDUCT

I understand that it is a great privilege and honor to play lacrosse. I know that a lot of hard work has been put into making this the best possible experience for all, including the efforts of the coaches, administrators, volunteers, parents and other players.

In exchange for this privilege, I PLEDGE to play lacrosse for NorCal RIZE and honor the below statements:

- I promise to Honor the Game of lacrosse on and off the field by respecting coaches, teammates, opposing players, referees and my equipment with my positive attitude, actions and words.
- I promise to support my teammates and be a team player.
- I promise not to use bad language or do anything that could harm my body.
- I will be responsible for my behavior, and be accountable to the team and coach.
- It is a privilege and honor to be a member of the NorCal RIZE Lacrosse team.
- I agree to the following as a condition for my participation:
 1. I will abstain from the use or possession of illegal drugs, improperly obtained prescription drugs, drug paraphernalia, alcoholic beverages and tobacco.
 2. I will refrain from irresponsible or disrespectful use of social media, any form of bullying and property destruction.
 3. I will treat coaches, teammates, and competitors with respect. I will refrain from the use of profanity, poor sportsmanship and hazing.

I promise to honor the game of lacrosse and honor the Player Code of Conduct with my words and actions.

Signature: _____ **Date:** _____

Print Name: _____