



Serrano Hawks Lacrosse Clinics 2010 Event Waiver and Player Information

Player Information

Players Name		Grade:	
Parent Name and Phone			
Email			
Emergency Contact Name			
Emergency Contact Phone			
Medical Conditions (if any)			
Allergies or Reactions (if any)			
Physician Name			
Physician Phone Number			
Medical Insurance			
Group Number			

Medical Release

<i>I hereby give permission for transportation and treatment as deemed necessary by clinic staff, emergency medical personnel, doctor's offices, or hospital staff.</i>	
Printed Name	
Signature	
Date	

LIABILITY RELEASE

<i>I acknowledge that participation in the sport of Lacrosse involves a level of risk of injury. I certify that my child is physically and mentally capable of taking part in vigorous aerobic activity. In return for my child being allowed to participate in the Serrano Hawks Clinic, I agree the by my signature below I agree to indemnify and hold harmless Serrano Hawks Lacrosse and all formally associated groups and individuals for any injury caused by my child's participation in clinic activities.</i>	
Printed Name	
Signature	
Date	