

Colonial Lacrosse Clinic
The College of William & Mary
February 18, 2007

INSURANCE INFORMATION:

Company Name: _____ Policy Holders Name: _____

Policy #: _____

_____ This policy will cover any injury incurred at the clinic

_____ I do not have sickness or accident insurance, but will not hold the College of William and Mary responsible in the event my child is injured.

WAIVER

I understand the physical risks involved with the participation in lacrosse, and hereby release the College of William and Mary and the clinic staff from responsibility for injury that may occur to my child on the way to, during or returning home from the clinic. I approve of my child's participation, and verify that he is in good health.

Parent or Guardian Name (Please Print)

Parent or Guardian Signature

Date

ADDITIONAL INFORMATION

Please list all known allergies or medical conditions:

***NOTE:** There will be a certified athletic trainer on duty at all times during the clinic. Also, each member of the William and Mary staff is certified in CPR.

**PLEASE FILL OUT AND RETURN AT THE TIME OF REGISTRATION. YOUR CHILD WILL NOT
BE ABLE TO PARTICIPATE WITHOUT THE ABOVE INFORMATION.**