

# Main Line Lacrosse Waiver

## Medical Insurance Information

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

## Medical Treatment Authorization

I hereby authorize a representative of Main Line Lacrosse LLC to take my child to a physician or hospital in case of an emergency.

\_\_\_\_\_

(Signature of Parent/Guardian)

\_\_\_\_\_

(Date)

## Waiver and Release

We, the undersigned, waive and release and forever dis-charge Main Line Lacrosse LLC, their employees and anyone associated with the camp for any personal injury or claims for damages which may be sustained or occur during participation in the clinic. I certify that the applicant is in good physical condition to take part in Main Line Lacrosse LLC

\_\_\_\_\_

(Signature of Parent/Guardian)

\_\_\_\_\_

(Date)