46 Susan Lane
Southington, CT 06489
(860) 621-6688
www.worldclasslacrosse.com

World Class Indoor Lacrosse '09 - '10
Player Waiver

INSURANCE INFORMATION

All participants require coverage for accidental injury. In most cases, family health insurance is adequate.

Player Name _____ School _____

Insurance Co _____ Policy # _____

EMERGENCY MEDICAL TREATMENT

I (we) being the legal guardian(s) of the applicant, authorize World Class Lacrosse, it's staff, directors, referees, or agents to request medical treatment, as necessary, to insure the well being of our/my son/daughter.

Player Name _____

Parent Signature _____

Email _____

Home Tel _____ Emergency Tel _____

Address _____

WAVIER AND RELEASE

I (we) the undersigned, for ourselves, our heirs, executors, and administrants; waive, release, and forever discharge World Class Lacrosse LLC, Wesleyan University, it's staff, directors, agents, referees, representatives, employees, successors, and assigns of and from, all rights and claims for damages, injury, or loss due to negligence or not.....

Player Signature _____ Dated _____

Parent Signature _____ Dated _____

By signing this application, I certify that my son/daughter is physically fit and is capable of playing lacrosse and has no known medical problems. My response to the below (2) statements is affirmative (yes).

*1. My son/daughter has had a satisfactory physical within the last year
*2. My son/daughter has permission to participate @ WCL Indoor 2009/2010

Bill McGowan World Class Lacrosse
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