

Peter Worstell's 2009

BE THE BEST

Lacrosse Camp

LIABILITY/MEDICAL FORM

I hereby request that _____ be admitted to Peter Worstell's **BE THE BEST** Lacrosse Camp and I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention. I am aware that lacrosse is a contact sport and could be hazardous. I also understand that not all of the risks and hazards of lacrosse are known. I am voluntarily permitting the above named athlete to participate and the above named athlete is participating with this knowledge. I, individually, and on behalf of the athlete, agree to accept any and all risks, known and unknown, of personal injury, property damage, or wrongful death that may occur as a result of participation. I waive, release and forever discharge WOOF's Inc., Peter Worstell and the **BE THE BEST** Lacrosse Camp, its officers and staff, representatives and employees, successors and assigns from any and all rights and claims from damages to person or property which may be sustained or occur during participation in rigorous camp activities.

Player's Name: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Home e-mail: _____

Doctor's Name: _____ Doctor's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Insurance Co.: _____

Insurance Policy/Group Number: _____

Important Medical Conditions: _____
