



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

# WORLD CLASS LACROSSE FLORIDA 2012 PARTICIPANT 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, Osceola County, 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 Florida 2012

Bill McGowan World Class Lacrosse  
46 Susan Lane, Southington, CT. 06489-2435  
860-621-6688 e-mail bill@worldclasslacrosse.com  
www.worldclasslacrosse.com