

This form must be filled out completely and returned or the student athlete will not be allowed to participate in the World Class Lacrosse Camp program at Wesleyan University

World Class Lacrosse Camps

INSURANCE FORM

Player's Name _____ **School** _____

Coverage for accidental injury is required by all participants. In most cases, family health and/or school insurance is adequate.

Insurance Company _____ **Policy #** _____

Emergency Medical Treatment

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

Participant's Name _____

Parent / Guardian Signature _____

Email _____

Home Address _____

Telephone(daytime) _____ **Telephone(evening)** _____

Waiver and Release

I (we) the undersigned, for ourselves, our heirs, executors, and administrators; waive, release, and forever discharge Wesleyan University, World Class Lacrosse LLC, 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's Signature _____ **Date** _____

***Parent Signature** _____ **Date** _____

By signing this application, I certify that my son and or 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 two years**

***2. My son / daughter has permission to attend World Class Lacrosse Camps**