

Player Name _____

Date of Birth _____

CONSENT: I/we the parent(s)/guardian(s) of the above participant, hereby give my/our approval to their participation in Wolves Lacrosse Camp. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Wolves Lacrosse, the organizers, sponsors, supervisors, participants, Augusta County Schools and persons transporting my/our youth to and from activities for any claim arising out of injury to my/our youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

PARENT/GUARDIAN SIGNATURE

DATE

FATHER/GUARDIAN

FIRST

LAST

Phone

MOTHER/GUARDIAN

FIRST

LAST

Phone

PROGRAM PHILOSOPHY: **WOLVES LACROSSE** exists to encourage, foster and promote the growth of youth lacrosse while stressing competitive play and good sportsmanship. A competitive spirit is nurtured, but emphasis on winning will not overshadow the goal of providing a healthy, challenging and satisfying experience for all **WOLVES LACROSSE** participants.

MEDICAL: The coach or supervisor has my permission in a medical emergency, when I or my physician cannot be contacted, to arrange for emergency medical services for my injured child, if the injury occurs during camp. If I or any Wolves Lacrosse officials have any doubts about my child's physical condition, I assure **WOLVES LACROSSE** that he will undergo a physician's examination and approval before the participating in camp.

I understand that some **WOLVES LACROSSE** coaches are volunteers. I will hold no **WOLVES LACROSSE** coach, organizer, sponsor, supervisor, or participant, or any institution or agency whose facilities are used for **WOLVES LACROSSE** activities, responsible for any injury my child might sustain.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____.

NOTICE TO PARENTS OR GUARDIAN: **WOLVES LACROSSE** EXPECTS EVERY REGISTRANT TO HAVE HEALTH INSURANCE COVERAGE WHILE HE PARTICIPATES IN A LACROSSE EVENT. IN ADDITION, A BENEFIT OF US LACROSSE MEMBERSHIP IS SUPPLEMENTAL INSURANCE, UNDERWRITTEN BY BOLLINGER INSURANCE, NJ, FOR CUSTOMARY AND REASONABLE CARE BEYOND WHAT THE US LACROSSE MEMBER'S PRIMARY HEALTH INSURANCE CARRIER WILL COVER. IN THE CASE A US LACROSSE MEMBER HAS NO HEALTH INSURANCE COVERAGE, THEN BOLLINGER INSURANCE, NJ WILL SERVE AS THE PRIMARY HEALTH INSURANCE PROVIDER FOR LACROSSE RELATED INJURIES AND ACCIDENTS UNTIL THE MEMBERSHIP EXPIRES.

NAME OF YOUR INSURANCE COMPANY _____ . POLICY NUMBER _____