

Main Line Lacrosse Waiver

Medical Insurance Information

Company:

Policy #: _____

Medical Treatment Authorization

I hereby authorize a representative of Main Line Lacrosse LLC to take my child to a physician or hospital in case of an emergency.

(Signature of Parent/Guardian)

(Date)

Waiver and Release We, the undersigned, waive and release and forever dis-charge Main Line Lacrosse LLC for any personal injury or claims for damages which may be sustained or occur during participation in the clinic. I certify that the applicant is in good physical condition to take part in Main Line Lacrosse LLC

(Signature of Parent/Guardian)

(Date)