

MAGICIANS LAX CLINIC

WAIVER AND RELEASE OF LIABILITY

Name: _____ Age: _____ Grade: _____

Address: _____ City, State, Zip: _____

Email: _____ Home Phone: _____

Parent / Guardian: _____ Emergency Phone: _____

School: _____

Years Played: _____ Circle age range: 6- 8, 9-10, 11-12

Position: _____

Any medical conditions/allergies we should be aware of? _____

We look forward to seeing you!! If you have any questions please contact:

Mark Paquette, Email: magicianslaxcamp@gmail.com

MAGICIANS LAX CLINIC WAIVER FORM

I verify that my child has been checked by a licensed physician and is physically able to participate in the Magicians Lax Camp. My child may participate in all activities. I give permission for my child to be treated by a qualified athletic trainer, certified nurse practitioner, or licensed physician. I further agree that the Magicians Lax Clinic shall be held harmless from and indemnified against any and all liability, cost, claims, loss or damage which it may incur as a result of any accident or injury to my child. In addition, I understand that attendance at a lacrosse clinic carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the clinic is not operated or controlled by Marblehead High School and will hold harmless Marblehead High School and any and all affiliated departments from any and all liability, causes of action, claims, and demands of every kind of nature whatsoever which may arise in connection with or resulting from participation in any of the clinic activities.

Print Applicant's Name: _____ Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____