

REGISTRATION with WAIVER and MEDICAL RELEASE FORM

Player Name: _____ **Team Name:** _____ **Position:** _____

I, _____, the parent and/or guardian of _____, understand that my child's participation in the Philly Fall Kick-Off at Haverford College on October 17th, 2010 (the 'Event') exposes him/her to the possibility of serious injury as well as damage to clothes and personal property. I knowingly assume the risk of such property damage and injury in connection with my child's participation in the Event regardless of how such property damage, injury, or death might arise, and regardless of who is at fault.

I, for myself and my heirs, administrators, successors and assigns, release and discharge Haverford College and its respective employees, representatives and agents, from any liability or claims that might arise from my child's participation in the Event.

I understand that it is my responsibility to obtain any insurance needed to cover personal injury or death and any liability I or my child might incur to other participants in the Event.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, I FULLY UNDERSTAND ITS TERMS, AND I RECOGNIZE THAT I HAVE GIVEN UP RIGHTS BY SIGNING IT, IN CONSIDERATION OF MY CHILD BEING PERMITTED TO PARTICIPATE IN THE EVENT. I SIGN IT FREELY, VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

I, _____, am the parent and/or guardian of _____, and I am authorized to act on his/her behalf. I have read the above and fully understand it and with my signature, I consent to the above.

Print Name: _____ Signature: _____

Address: _____ City, State and Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Player Email: _____ Parent Email: _____

"I hereby certify that my son/daughter is in good health and has my permission to participate in the Philly Fall Kick-Off. I authorize all medical and hospital procedures as may be performed in the case of an emergency. Haverford College, its lacrosse team, its administrators and representatives are not responsible for any accident, medical/dental expenses or any other expense incurred as a result of my son/daughter's participation in the Philly Fall Kick-Off."

Signature: _____

Insurance Company: _____ Policy #: _____ Group/I.D. No.: _____

Allergies | Ailments | Medications: _____

Additional Information: _____

Physician's Name: _____ Physician's Phone Number: _____