



# Philly Young Guns

**at Haverford College**

**Location: Haverford College – 370 Lancaster Ave., Haverford, PA 19041**

**Dates: Wednesday, July 1<sup>st</sup> – Friday, July 3<sup>rd</sup>, 2009**

Complete this form in full and return it to:

***Mike Murphy, Haverford College Men's Lacrosse, 370 Lancaster Ave., Haverford, PA 19041***

## **PARENTAL REALEASE FORM**

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to attend and participate in the Young Guns Lacrosse Shootout from July 1<sup>st</sup> to July 3<sup>rd</sup>, 2009, in Haverford, PA.

I authorize the staff of this camp to determine as appropriate when it is necessary for my child to receive emergency medical or surgical treatment. I understand that every effort will be made to contact me prior to such action.

I herby:

1. Certify that, to the best of my knowledge, the medical information provided is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve potential for injury.
3. Agree not to hold the staff responsible for any injury sustained during camp participation.
4. Agree not to bring suit against Tier 1 Lacrosse Camp staff of Haverford College for any injury sustained.
5. Agree to allow the camp director and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decisions made by the camp director in terminating attendance at camp due to any unacceptable behavior.

### Emergency Contact Information

Day Time Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Parent Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (day) \_\_\_\_\_ Evening \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)