

ATTACK THE PIPE LACROSSE CAMPS FOR GIRLS, LLC

MINOR WAIVER AND RELEASE OF LIABILITY

Name: _____ Age: _____ Grade: _____

Address: _____ City, State, Zip: _____

Email: _____ Home Phone: _____

Parent / Guardian: _____ Emergency Phone: _____

High School: _____ Club Team: _____

Years Played: _____ Circle One: Beginner JV Varsity

Position: _____

***** CASH ONLY PLEASE FOR WALK-UPS or SAME DAY REGISTRATION *****

We look forward to seeing you!! If you have any questions please contact: Connor Sullivan, Email: msulli35@nd.edu

INSURANCE INFORMATION:

Company Name: _____

Policy Holders Name: _____

Policy #: _____

_____ This policy will cover any injury incurred at the clinic

_____ I do not have sickness or accident insurance, but will not hold ATP Lacrosse Camp for Girls LLC, or the camp staff responsible in the event my child is injured.

WAIVER:

1. I understand the physical risks involved with the participation in lacrosse, and hereby release the ATP Lacrosse Camp for Girls LLC and the clinic staff from responsibility for injury that may occur to my child on the way to, during or returning home from the clinic. I approve of my child's participation, and verify that she is in good health.
2. RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE ATTACK THE PIPES LACROSSE CAMPS FOR GIRLS, its affiliated clubs, their respective administrators, directors, agents, coaches,

and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO THE PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

Parent or Guardian Name (Please Print)

_____ Date

Parent or Guardian Signature

_____ Date

ADDITIONAL INFORMATION

Please list all known allergies or medical conditions:

Attack the Pipes Lacrosse Camp for Girls, LLC

*NOTE: There will be a certified athletic trainer on duty at all times during the clinic.

PLEASE FILL OUT AND RETURN. YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE WITHOUT THE ABOVE INFORMATION!!!