King of The Hill Tournament
McDaniel College- Westminster, MD.
Monday, June 22nd – Wednesday, June 24th, 2015

PARENTAL RELEASE FORM

I, ____________________________, give permission for
_____________________________ To attend and participate in the King of The
Hill Lacrosse Tournament, in Westminster, MD.

I authorize the directors of this tournament and the coaches and athletic trainers 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 hereby:
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 event,
   understanding that this sport does involve potential for injury.
3. Agree not to hold the staff responsible for any injury sustained during participation.
4. Agree not to bring suit against King of The Hill Tournament or Swarthmore College
   for any injury sustained.
5. Agree to allow the tournament directors 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 tournament 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)