

Baltimore Summer Kickoff 2019 Medical Waiver

Participant Name _____

Parent e-mail _____ Parent e-mail 2 _____

Parent/Guardian Names _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Birth date ____/____/____ Grad Year _____ Club Team Name _____

High School _____ Position _____

Are you allergic to anything? _____

Emergency Contact Name & Number _____

Insurance Form

Coverage for accidental injury is required by all participants. In most cases, family health insurance is adequate. CE Lax Inc. DBA-Cutting Edge Lacrosse is also properly insured. Participants will not be allowed to play unless the following information is submitted and the form is signed by the parent or guardian of the participant.

Health Insurance Company _____ Policy Number _____

Emergency Medical Treatment Authorization

I (we) the undersigned, hereby certify that I (we) are the parent or guardian of the participant and hereby give permission to the CE Lax Inc. DBA-Cutting Edge Lacrosse staff to seek appropriate medical attention as necessary to insure the wellbeing of my (our) son or daughter.

Parent/guardian signature _____ Date _____

Waiver & Release

I (we) the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge CE Lax Inc. DBA-Cutting Edge Lacrosse and its staff, officers, agents, employees, representatives, successors, and assign of and from all rights and claims for damages, injuries, or loss of person or property, which may be sustained or occur during participation of camp/clinic activities, whether or not damages, injury, or loss is due to negligence.

Parent/guardian signature _____ Date _____