

www.eastmeetswestlax.com - EMW 2017 Winter Clinic in Logan

NAME (PLEASE PRINT) _____ AGE _____

D.O.B ____/____/____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

PHONE (____) _____ EMAIL _____

SCHOOL _____ GRADE ENTERING _____

CIRCLE THE DESIRED POSITION TO PLAY: **Attack** **Midfield** **Defense** **Goalie**

WAIVER AND RELEASE: FOR GOOD AND VALUABLE CONSIDERATION, RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, WE THE UNDERSIGNED, FOR OURSELVS, OUR HEIRS AND ADMINISTRATORS, WAIVE, RELEASE AND FOREVER DISCHARGE THE East Meets West Lacrosse Camps and Clinics, ITS STAFF, OFFICERS, AGENTS, REPRESENTATIVES, EMPLOYEES, SUCCESSORS AND ASSIGNS OF AND FROM MANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES RESULTING FROM INJURY OR PROPERTY WHICH MAY BE SUSTAINED OR OCCUR DURING PARTICIPATING IN CAMP ACTIVITIES OR ARISING FROM TRAVEL TO OR FROM CAMP. WHETHER SAID DAMAGES, INJURY OR LOSS ARE DUE TO NEGLIGENCE OR NOT.

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: I (WE) THE UNDERSIGNED, HEARBY CERTIFY THAT I (WE) ARE THE PARENT, OR LEGAL GUARDIAN, OF THE CAMPER AND GIVE PERMISSION TO THE CAMP STAFF TO SEEK APPROPRIATE MEDICAL ATTENTION AS NECESSARY TO INSURE THE WELL BEING OD MY (OUR) SON.

Coverage for accidental injury is required by all participants. In most cases, family health insurance is adequate. The East Meets West Lacrosse Camps and Clinics are also properly insured. Campers will not be allowed to participate unless the following information is submitted and the form is signed by a parent or guardian of the camper.

CAMPERS HEALTH INSURANCE COMPANY: _____ POLICY NUMBER: _____

PARENT OR GARDIANS SIGNATURE _____ DATE _____

COST: \$85.00

MAKE CHECKS PAYABLE TO: East Meets West Lacrosse LLC

QUESTIONS?? CONTACT: DREW SEARL at searl@eastmeetswestlax.com