



Tier 1 Lacrosse Camp

at Dickinson College



Location: Dickinson College - Carlisle, PA 17013
Dates: Tuesday, June 15th – Friday, June 18th, 2010

PARENTAL REALEASE FORM

I, _____, give permission for _____ to attend and participate in the Tier 1 Lacrosse Camp, June 15 - 18, 2010, 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 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 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)