

Revolution Lacrosse Camp **Waiver Statements**

All campers must have their own medical coverage. The camp provides only excess coverage after your insurance policy has been utilized. Campers will not be allowed to play unless the following information is submitted and the form is signed by the parent and/or guardian of the camper.

Camper's Insurance Co.: _____

Address/Phone: _____

Policy No: _____

I/WE, the undersigned, hereby certify that I(we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek during the period of the Camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

I/We undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Revolution lacrosse camp, Christ School and its staff, officers, agents, employees, representatives, successors and assigns from any and all liability, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in Camp activities or while at camp, whether or not damages injury, or loss is due to negligence.

Signature: _____ Date: _____

Signature: _____ Date: _____

We will accept a doctor's permission in lieu of a physical.

Doctor's Permission:

This will certify that the camper is physically qualified to attend the Revolution Lacrosse Camp

Signature: _____ Date: _____

***No Camper will be allowed to participate without a physical or the doctor's permission. All physicals must be within one year of the date of camp.**