



Rocket Lacrosse - Waiver Form

Name _____

Age/Grade/School _____

Position _____

Email _____

Insurance Information

Name _____

Company: _____

Policy: _____

Family Physician: Name _____

Number _____

Emergency Contact: Name _____

Cell # _____

Father's Name & Cell# _____

Mother's Name & Cell # _____

Waiver Agreement

Please Read the Following and Sign Below:

I/we give my consent to the below named player to participate in the Rocket Lacrosse Program. I/we assume all risks and hazards incidental to the conduct of the activities and do further release, absolve, indemnify, and hold harmless the organizers, coaches, refs, and supervisors of Rocket Lacrosse Program. In case of injury to my/our participant, I/we waive any claims against those named above and anyone appointed by them. I understand that the activity I am participating in is a physical, high-risk sport and the I/they are participating in this clinic at my/our own risk with full knowledge of the dangers associated with participation. I have read the above paragraph and understand it fully. The release is signed as my own free act and deed.

Parent/guardian Signature _____

Player Signature _____

*Please fill out above Waiver Form and bring to registration check- in. No player will participate without a signed waiver form.