

Western Maryland Youth Lacrosse Conference WMYLC Waiver Form

_____ Season

Team Name: _____ School Attending: Name: _____ Grade: _____

Age: _____ Birth Date: _____ Sex (M or F): _____

Height: _____ Weight: _____

Address: _____

Phone: _____ Player's E-Mail: _____

Emergency Information

Medical Insurance Company: _____ Policy No: _____

Mother's Name: _____ Address (if different from above):

Home Phone: _____ Work Phone: _____

E-Mail: _____

Father's Name: _____ Address (if different from above):

Home Phone: _____ Work Phone: _____

E-Mail: _____

I, _____, Parent/Guardian of _____, give my permission for my child to participate in the Western Maryland Youth Lacrosse Conference _____ Lacrosse Program. The undersigned does hereby and for my heirs, executors, administrators, successors, and assigns, release and forever discharge the Western Maryland Youth Lacrosse Conference and the Western Maryland Lacrosse Officials Association, their directors, administrators, managers, coaches, officials, staff, agents, and players from any and all claims, actions, expenses, and compensations whatsoever that may arise or accrue out of the above mentioned activity. The undersigned hereby declares that he/she voluntarily assumes all risks inherent and further declares that he/she will hold the directors, administrators, managers, coaches, officials, staff, agents and players of the Western Maryland Youth Lacrosse Conference and the Western Maryland Lacrosse Officials Association harmless for any and all injuries, whatever the extent or nature, that may arise from this activity, and during transportation to and from the activity. The undersigned hereby declares that no promise, inducement, or agreement not herein expressed, has been made to the undersigned, and that this release contains the entire agreement between the parties, and that the terms of this release are contractual and not a mere recital. The undersigned hereby declares that he/she is signing this release of his/her free will, without threat of coercion.

Signature of Parent/Guardian

Date