

# 2010 LACROSSE SKILLS CAMP

January 9 - 10, 2010 - Coquille Complex - Covington, LA

## Permission to Participate, Release of Liability, and Authorization for Medical Treatment Form

*The named participant is in good health and has my permission to participate in the **2010 LACROSSE SKILLS CAMP**. I hereby release the coaches participating in the camp and all other employees, officers, directors, agents, officials, and volunteers affiliated with the camp from and against any liability claims or demands for any injury or illness incurred at the **2010 LACROSSE SKILLS CAMP**. I hereby assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of my child or ward while he or she is attending the **2010 LACROSSE SKILLS CAMP**. Permission is granted for my child to receive emergency medical treatment if needed. I will be responsible for any costs of medical treatment incurred at the Camp.*

PLAYER'S NAME \_\_\_\_\_ Age \_\_\_\_\_  
(PRINTED)

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_  
(PRINTED)

Phone: Home \_\_\_\_\_ Phone: Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
(PRINTED)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required if Player is under 18 years of age)

*Please make checks payable to: **The Special Teams**  
and mail this completed signed form **WITH** Camp application to:*

**2010 LACROSSE SKILLS CAMP  
P.O. Box 2829  
Covington, LA 70434**