

2010 Henderson Youth Lacrosse Foundation
Waiver Form

Insurance Information:

Name: _____

Company: _____

#Policy : _____

Family Physician: Name _____

Tel # _____

Emergency Contact: Name _____

Cell # _____

Father's Name & # _____

Mother's Name & # _____

Waiver Agreement

Please Read the Following and Sign Below:

I/we give my consent to the below named player to participate in the Henderson Youth Lacrosse Foundation, will be known as HYLFF, Henderson Middle School Lacrosse Jamboree. 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 HYLFF. 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/ their 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 Waiver Form and submit with registration. No player will participate without a signed waiver form.**

E-mail us with any questions at:
hylaxfdn@live.com



The fastest game on two feet just got faster!!