

# Binghamton Lacrosse Winter Showdown

## Participant Form

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

High School: \_\_\_\_\_ Grad year: \_\_\_\_\_

Emergency Contact Name/Cell/Relationship: \_\_\_\_\_

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### **Waiver of Liability**

By signing this participant form, I release S.L.A.X. Sports, LLC and all other parties involved from any claim or responsibility for injuries suffered in the Binghamton Lacrosse Showdown & Clinic. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others and assume full responsibility for my participation. I certify that I am in good physical condition and can participate in the Binghamton Lacrosse Prospect Clinic. Further, I authorize the site director to request medical treatment as necessary to insure my well-being.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Health Insurance

Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Medications/Allergies/Medical Conditions/Injuries: \_\_\_\_\_

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