

Binghamton Lacrosse Winter Showdown

Participant Form

First name:_____ Last name:_____

Email:_____

Address:_____

City:_____ State:_____

Zip:_____

High School:_____ Grad year:_____

Emergency Contact Name/Cell/Relationship:_____

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:_____
