

Binghamton Lacrosse Prospect Clinic

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 Prospect 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: _____