

7-v-7 ENHANCEMENT CLINIC

April 20 and 21, 2013

UNIVERSITY OF MASSACHUSETTS CLINIC WAIVER

THE NAMED CAMPER HAS MY PERMISSION TO PARTICIPATE IN THE **UMASS FIELD HOCKEY 7V7 ENHANCEMENT CLINIC** PROGRAM. IN CASE OF AN EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO CONTACT THE EMERGENCY CONTACT LISTED BELOW. IF CONTACT IS UNSUCCESSFUL, I GIVE PERMISSION FOR THE CERTIFIED ATHLETIC TRAINER ON DUTY TO RENDER MEDICAL TREATMENT TO THE PARTICIPANT, INCLUDING (IF NECESSARY) HOSPITALIZATION. ANY EXPENSE INCURRED IS THE RESPONSIBILITY OF THE PERSON SIGNING BELOW.

ALL REGISTRANTS MUST HAVE THEIR OWN PRIMARY MEDICAL INSURANCE. ANY MEDICAL COSTS AND EXPENSES WILL BE THE PRIMARY RESPONSIBILITY OF THE PARENT OR GUARDIAN’S MEDICAL COVERAGE.

**Emergency Contact: Emergency Phone: Date: Insurance Company: Policy #: Signature of parent/guardian:**