

MSA Boy's Lacrosse Camp Release Form

NAME _____

GR. _____

ADDRESS _____

HOME# _____

EMAIL _____

EMERGENCY # _____

I, parent or guardian of _____, am familiar with the risks inherent in participation in the MSA Boy's Lacrosse Camp activities. I hereby release MSA Lacrosse and Mahopac Central Schools, its successors, assignees, officers, agents, and employees from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the participation in the clinic. I hereby authorize the director of the MSA Boy's Lacrosse Camp to act for me according to his best judgment in an emergency requiring medical attention.

Parent/Guardian Signature _____

*Program subject to change