

MSA Boys Box Lacrosse Release Form

NAME _____

GR. _____

ADDRESS _____

HOME# _____

EMAIL _____

EMERGENCY # _____

I, parent or guardian of _____, am familiar with the risks inherent in participation in the MSA Boys Box Lacrosse activities. I hereby release MSA, MSA Boys Lacrosse, The Town of Carmel 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 and/or coaches of the MSA Boys Box Lacrosse program to act for me according to his best judgment in an emergency requiring medical attention.

Parent/Guardian Signature _____

*Program subject to change

