

NEW HORIZONS LACROSSE CAMP

Player's Name: _____ **Position:** _____ **Grade:** _____

Address: _____

Parent/Guardian's Names: _____

Parent's/Guardian's Phone #: _____

Parent's/Guardian's Emails: _____

Fee: \$95.00 Make Check Payable to: New Horizons Lacrosse Fund

Mail Payment to:
New Horizons Lacrosse Fund
c/o David Hamill
54 Rainey Street, Unit 514
Austin, Texas 78701

Camp Questions: Please email – Bruce Clark: bruce@clarkandclarklaw.com

INFORMED CONSENT, RELEASE & MEDICAL AUTHORIZATION

_____ ("Player") and the undersigned parent(s)/guardian(s) of Player (I/we/us) hereby give permission for the Player to participate in the New Horizons Lacrosse Camp as a player and otherwise. Further, we authorize emergency treatment to an injury or illness of Child if qualified medical personnel consider treatment necessary. This authorization is granted only if we cannot be reached and a reasonable effort has been made to do so.

FAMILY PHYSICIAN _____ PHONE _____
FAMILY DENTIST _____ PHONE _____
PRE-EXISTING MEDICAL CONDITION _____
ALLERGIES _____
INSURANCE COMPANY/POLICY NUMBER _____
OTHER EMERGENCY CONTACT _____
RELATIONSHIP _____ PHONE _____

We are aware that participating in lacrosse is a potentially hazardous activity. We assume all risks associated with the sport, including but not limited to falls, contact with other participants, effects of other weather and other risk conditions associated with the sport of lacrosse. All such risks are known and understood by us. We hereby release and hold harmless New Horizons Lacrosse Fund, West Austin Youth Association and the coaches and staff working the camp and its directors, members, officers, employees, agents and other representatives from any and all damages and claims suffered by us, the Player or any of our invitees at the camp. We understand this informed consent and release and agree to its conditions on behalf of the Player. We also understand that without this agreement, the Player would not be able to participate in camp.

Parent/Guardian Signature/Date: _____

Player Signature/Date: _____