

Siena 2009 Winter Indoor Tournament

Please have each player fill out the form below and have a parent / guardian sign the waiver.

Team Name _____

Name _____ Age _____ Grade _____

Address _____

City, State, Zip _____

Telephone _____ School _____

Email _____ Position _____

I, the parent or guardian of _____ am familiar with the risks inherent in participation in the **game of lacrosse**. I hereby release **Siena College** and the **CD Lacrosse Staff**, its successors, assignees, officers, agents and employees from any and all claims, demands, and causes of action whatsoever in any way growing out or resulting from participation in the camp. I hereby authorize the director of the **CD Lacrosse** to act for me according to their best judgment in an emergency requiring medical attention.

Parent/Guardian Name

Parent/Guardian Signature