

TOP GUN ACES CAMP
August 2-5, 2017
Medical Insurance/Waiver Form
(A doctor's note is not required!)

Name _____ Age _____ D.O.B. _____

Address/PO Box/Apt _____

City/Town _____ State _____ Zip _____

Telephone _____ School _____ Class of _____

In case of an emergency, person to notify:

Name _____ Relation _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Physicians Name _____ Physician Telephone _____

Are there any minor or serious health problems we should know about? _____

If yes, explain _____

Do you have any allergies? _____ If yes, then to what _____

Other health or dietary concerns _____

Insurance Provider _____

Policy Number _____

Waiver and Release

I hereby give my son permission to participate in the Top Gun Lacrosse Camp to be held August 2-5, 2017 at St. Mark's School, Southborough MA. I understand that lacrosse is a contact sport in which injury may occur. I agree to hold harmless the camp's organizers and staff for any injuries incurred by my son as a result of his participation. This release of liability release shall not be limited to on-field activity. I also grant permission for the staff to seek medical assistance, if deemed necessary, for which I will reimburse all costs. Further, I assume full responsibility for damage to the facility for which my son is found to be responsible. And I agree to reimburse the school for repairs, using my credit card on file, if necessary.

Parent's/Guardian's Signature _____ Date _____

Relationship to Camper _____

MUST BE RETURNED BY JULY 21, 2017

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