

# LYSA High School 7V7

TEAM NAME \_\_\_\_\_

Player's name \_\_\_\_\_ Incoming Grade \_\_\_\_\_ DOB \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

## Waiver Statement

All players must have their own medical coverage. The camp provides only excess coverage (does not cover deductibles) after your insurance policy has been utilized. Players will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the Player.

\_\_\_\_\_  
Player's Insurance Company  
Policy Holder

\_\_\_\_\_  
Policy Number

I give my written permission for my child to be treated by a doctor if necessary. He/she is physically fit according to our family doctor.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_