MEDICAL WAIVER FORM

I understand that field hockey is a physically active sport. Inasmuch, there are inherent risks, including physical injury or death involved in playing. I hereby authorize the staff of Towson University to use their best judgement in any emergency and release them from liability resulting from injury sustained as a result of participation in the camp on behalf of

_____

(Player's name)

Towson University assumes no responsibility from personal injury, death, loss or damage to property. I also certify that the above named is physically able to participate in Field Hockey Clinic activities.

Signature of parent or guardian _____ Date _____

List of all medications that your child takes and any medical conditions the camp or a physician should be aware of:

_____

_____

_____

_____

_____

Emergency phone numbers: Daytime _____ Evening _____

Insurance Company _____ Policy # _____

Group # _____