

Southern States Top Juniors Lacrosse Camp

Please sign and return to P.O. Box 577, Lexington, VA 24450 or
fax to (540)-464-7790, Attention: Jeff Shirk

Participant Name: _____

Parent/Guardian Authorization for Participation

I approve of my dependant's attendance at the Southern States Top Juniors Lacrosse Camp and certify that he is in good health and able to participate in the camp's activities. If there are any physical limitations or medical conditions that may require medical attention, I have attached a note explaining the circumstances.

Initial: _____

Online Picture Authorization

During camp, pictures will be taken of the campers participating in various activities. Most of the pictures are taken from a distance while players are wearing helmets and therefore the likelihood of camper recognition is slim. Some of these pictures will be used for the website and brochures for future clinics and camps. Please initial below as approval for the possible use of these pictures in our publications.

Initial: _____

Medical Treatment Authorization

I, being the legal guardian of the participant, authorize the Jeff Shirk Lacrosse Camps, LLC, Play Great Lacrosse, LLC, and its agents permission to request treatment as necessary to ensure the well being of my dependant. I hereby give my consent to Jeff Shirk Lacrosse Camps, LLC and Play Great Lacrosse, LLC to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of my dependant's participation in sponsored camp activities. I am fully aware of and appreciate the risks associated with my dependant's participation in camp events. I hereby agree to save and keep harmless the Jeff Shirk Lacrosse Camps, LLC, Play Great Lacrosse, LLC, and its agents, and employees against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained by the participant during or as a result of any course given the participant of the Southern States Top Juniors Lacrosse Camp.

Initial: _____

Washington & Lee University / Virginia Military Institute Waiver

I understand that attendance at a lacrosse camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by Washington and Lee University or the Virginia Military Institute and will hold harmless Washington and Lee University, the Virginia Military Institute, its Trustees, officers, employees, agents, and any and all affiliated departments from any and all liability, causes of action, claims, and demands of every kind of nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

Signature of Parent/Guardian:

Date: _____