

**Boston College Field Hockey Camp
140 Commonwealth Ave.
412 Conte Forum
Chestnut Hill, MA 02467
Go Eagles!!**

WCUFHA Tournament Participant

Participant Waiver

The named participant _____ has my permission to participate in the Team Development Clinic. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending certified athletic trainer to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below. Accident insurance for the 2009 Team Development Clinic is provided by BC on an excess basis. All registrants must have their own prior medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage.

Emergency Contact:	
Phone Number:	
Insurance Company:	
Policy Number:	
Signature of Parent or Guardian:	
Date:	