



2010

7-A-SIDE ENHANCEMENT CLINIC

**UNIVERSITY OF MASSACHUSETTS
GARBER FIELD**

UNIVERSITY OF MASSACHUSETTS CLINIC WAIVER

THE NAMED CAMPER _____ HAS MY PERMISSION TO PARTICIPATE IN THE **UMASS FIELD HOCKEY 7-A-SIDE ENHANCEMENT CLINIC** PROGRAM. 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 FOR THE CERTIFIED ATHLETIC TRAINER ON DUTY TO RENDER MEDICAL TREATMENT TO THE PARTICIPANT, INCLUDING (IF NECESSARY) HOSPITALIZATION. ANY EXPENSE INCURRED IS THE RESPONSIBILITY OF THE PERSON SIGNING BELOW.

ALL REGISTRANTS MUST HAVE THEIR OWN PRIMARY MEDICAL INSURANCE. ANY MEDICAL COSTS AND EXPENSES WILL BE THE PRIMARY RESPONSIBILITY OF THE

EMERGENCY CONTACT: _____

EMERGENCY PHONE: _____

DATE: _____

INSURANCE COMPANY: _____

POLICY #: _____

PARENT/GUARDIAN
SIGNATURE: _____