

# Lakeside Volleyball League Waiver Form

I, \_\_\_\_\_, give my permission for my daughter to participate in the Lakeside Girls Volleyball League. I have been assured by my family physician that my daughter is in good health and I authorize the league staff to act for me accordingly in any medical emergency situation. I also release the Town of Webster, Webster School District and Lakeside Summer League staff from any and all liabilities for injuries that may occur during the participation of this program. I understand that I must provide proper health and medical insurance coverage.

Player Name \_\_\_\_\_ Age \_\_\_\_\_

Grade for the 2018-19 School Year: \_\_\_\_\_

School Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Person to contact in case of an emergency: \_\_\_\_\_

Emergency Phone Number (Other than home #) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Player's Signature \_\_\_\_\_