

## Waiver Form

I approve my daughter's attendance at this field hockey skills camp and verify that she is in good health. If medical attention is needed, I give my permission that it be rendered. I understand and recognize that neither the Township of Vernon, the Board of Education, the instructors nor anyone associated with the camp will assume responsibility for accidents incurred as a result of participating in this camp. The camp is covered by an athletic insurance plan, which is used secondary to the Parent/Guardian's insurance plan.

Player Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_