

Insurance Information

Coverage for accidental injury is required by all participants. In most instances, family health insurance is adequate. Please indicate your family health insurance plan below:

1.) _____

(Name of Participant)

2.) _____

(Health Insurance Company)

3.) _____

(Policy Number)

I/We, being the legal guardian(s) of the applicant, authorize Washington College and its agents, permission to request medical treatment as necessary to insure the well-being of our dependent:

4.) _____

(Guardian(s) Signature)

I/We, the undersigned, for ourselves, our heirs, executors, and administrators, waive and release and forever discharge Washington College, its staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to person or property which may be sustained or occur during participation in camp activities, or from camp, whether paid damages, injury, or loss are due to negligence or not.

I certify that the applicant is in good physical condition, allowing her to participate in the 2007-2008 Washington College Indoor Hockey Tournament(s).

5.) _____

(Guardian(s) Signature)

6.) _____

(Date)

