



Lawrence University High School Varsity Volleyball Tournament

Player Information and Waiver

Name _____
Address _____

Phone _____
E-Mail _____
Date of Birth ____/____/_____
High School _____
Graduation Yr _____
Parent Name _____
Parent Phone _____
Parent Signature _____

Medical Conditions of Participate: _____

Parent Signature/Liability Waiver

I hereby authorize the directors of the league to act for me according to their judgment in any emergency requiring medical attention. Furthermore, I hereby waive and release Lawrence University, the Athletic Department, the Lawrence University Volleyball Program (its directors, coaches, and workers) from any and all liability for any injuries incurred while attending the tournament.