

## INSURANCE

This form **MUST** be completed for camper participation.

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Name of Applicant

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Applicant's Social Security Number

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Health Insurance Company

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Policy Number

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**\*US Lacrosse Membership Number\***

I, being the legal guardian of the applicant, authorize QC Lacrosse Camp and its staff, agents and sponsors, permission to request medical treatment as necessary to insure the well-being of our dependent:

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Applicant

I, the undersigned, for ourselves, our heirs, executors, and administrators, waive and release and forever discharge, its staff, officers, employees of and from all rights and claims for damages to persons 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 QC Lacrosse Camp.

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Guardian Signature (if applicant is under 18)

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Date

# 2008

QC SUMMER LACROSSE CAMP  
FOR GIRLS

featuring



**Quinn Carney**

Member of 2001 and 2005 US World Cup Team  
University of Maryland All-American  
2005 All-World Team

**Ali Levendusky**

UMBC graduate  
Four-year All-Conference player

**Sarah Willis**

UMBC Sophomore  
Two-year starter

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**AUGUST 4-6, 2008**

HUNTERDON CENTRAL HS, FLEMINGTON, NJ  
CATHY MUMFORD, DIRECTOR