



**BK Women's Lacrosse 2024 Team Retreat, February
18-19, Tri Guard Rec Center –
Caldwell Idaho**

Permission Slip

***Must be filled out, signed with payment of \$200 and turned
in prior to departure***

Name of Player: _____
Address: _____
City: _____
State: ID Zip Code: _____
Phone: _____
Cell: _____
Parent's Email Address: _____
Emergency Contact: _____
Phone: _____

PARENTAL CONSENT AND WAIVER:

As the parent/guardian of the applicant, I hereby grant permission for her to participate in the Bishop Kelly Women's Lacrosse Retreat and acknowledge that she is physically able to participate in camp activities. I am not aware of any medical condition of my child which would render it inappropriate for her to participate in any activity. In consideration of her being allowed to participate in the retreat, I, hereby, release the school & facility, from all claims resulting from illness, injuries, or other damage, which may be sustained by my child during attendance at the retreat. Further, I hereby grant full permission to the medical personnel present selected by the coach and school, should parent/guardian not be available, for permission or consultation to render medical treatment deemed necessary and appropriate by the physician, or R.N.

Parent's Name: _____

(Please print) _____

Signature _____

Date: _____