

# Elevate Lacrosse

## Medical Waiver Form

*This form MUST be completed and returned to the Camp prior to YOUR participation in the selected camp. YOU WILL NOT BE ADMITTED WITHOUT THIS FORM COMPLETED IN ITS ENTIRETY.*

### Camp Details

Camp Name: _____	Camp Date: _____
Camp location: _____	

### Camper Details

Campers Name: _____	Date of Birth: _____	Age: _____
Camper Address: _____		

### Emergency Contact

Contact 1	
Name: _____	
Phone #: _____	Cell Phone #: _____
Address: _____	
Email: _____	
Contact 2	
Name: _____	
Phone #: _____	Cell Phone #: _____
Address: _____	
Email: _____	

# Medical Information

Has the camper had any of the following? (Please tick if true)

<p><u>Medical</u></p> <p>Chicken Pox _____ <input type="checkbox"/></p> <p>Diabetes _____ <input type="checkbox"/></p> <p>Measles _____ <input type="checkbox"/></p> <p>Asthma _____ <input type="checkbox"/></p> <p>Epilepsy _____ <input type="checkbox"/></p> <p>Other: _____</p> <p>_____</p> <p>_____</p>	<p><u>Immunization (include dates)</u></p> <p>Tenanus Toxioid _____</p> <p>Tuberculin Test _____</p> <p>Measles / Rubella _____</p> <p>Polio Vaccine _____</p> <p>Other: _____</p> <p>_____</p> <p>_____</p>	<p><u>Allergies</u></p> <p>Insect Stings _____ <input type="checkbox"/></p> <p>Penicillin _____ <input type="checkbox"/></p> <p>Antibiotics _____ <input type="checkbox"/></p> <p>Other: _____</p> <p>_____</p> <p>_____</p>
--	--	--

Will the camper be taking any medication during camp?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications and in what quantity they should be administered?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any medical conditions that will require special attention? If so – please explain?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## Insurance Information

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

## Liability Waiver

In signing this waiver of liability, I release (Put Camp Name here) Elevate Lacrosse the host institution, and all other involved parties from any claims or responsibility for injuries suffered in (Put Camp Name here) \_\_\_\_\_ Camps. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in this lacrosse camp. Further, I authorize the site director to request medical treatment as necessary to insure my well-being.

Athlete Signature: \_\_\_\_\_

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

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

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