



The Lacrosse Academy
209 East Elm Street
Granville, OH 43023
(740) 587-1213

Medical Information Form

IMPORTANT: This form must be submitted before a camper can be allowed to participate at camp. We recommend making a copy for your own records and bringing it to registration with you. Mail forms to the address listed above at least 15 days prior to the start of camp or bring the form to registration.

Camper's Name: _____ Date of Birth: ____ / ____ / ____
mm/dd/yyyy

Camp Attending
[] Virginia Boys: June 26 -29, 2017
[] Denison Boys 1: June 19-22, 2017
[] Denison Boys 2: July 10 - 13, 2017

MEDICAL INSURANCE CARRIER

Name: _____ Policy #: _____

MEDICAL HISTORY

Please list all known allergies:

Please list medications to be taken at camp:

List any medical conditions, past injuries and limitations that our staff should be aware of:

Date of camper's last Tetnus Booster ____ / ____ / ____

PARENT OR GUARDIAN SIGNATURE & CERTIFICATION OF MEDIAL CLEARANCE

[] (Check box if you agree) In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper named above.

I certify that this camper has been examined by a physician with the 12 months preceding the first day of this camp and was cleared to participate in contact sports with no restrictions.

Parent / Guardian Signature

Date

Parent #1 Name: _____ Emergency Phone
Parent #2 Name: _____ Emergency Phone

Emergency contact name & phone, other than parent:

This form will be kept confidential and will be used as supplementary information by the certified trainer at the camp.



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Acknowledgement of Risks; Waiver and Release of Liability

This document must be read, signed and received prior to camper's participation. Submit this completed waiver by mail to the above address or when you check in at camp.

1) If The participant in any Lacrosse Academy LLC lacrosse event ("**Player**") is **under the age of 18**, or not competent to enter into a contract under any applicable state law, each parent and/or legal guardian ("Parent/Guardian") of Player must read this agreement and consent to it by signing below.

2) If the **Player is 18 years of age or older**, the Player must read the statement below before completing and signing this agreement.

AGREEMENT: In consideration of Player being permitted by Lacrosse Academy LLC to participate in any lacrosse activity planned, staffed, sponsored or coordinated by the Lacrosse Academy, LLC, whether a camp/clinic/tournament/game/drill or other event, Player, and all Parent/Guardians acknowledge, understand and agree that

1. **WAIVER & RELEASE OF LIABILITY:** We are fully aware that lacrosse is a fast-moving contact sport, and that players run the field at high speed, check one another with their bodies and their sticks, and throw a hard ball at high speed using the leverage of their sticks. As such, the game requires that players wear protective equipment and that they be alert, healthy and well-conditioned. We appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with Player's participation in any lacrosse event, including all those Lacrosse Academy LLC events in which Player will participate. We agree that we alone are responsible for providing Player with appropriate equipment. We further agree on behalf of ourselves, our heirs, and personal representatives, and those of Player, that Lacrosse Academy, LLC, the host organization, and any sponsor of any Lacrosse Academy, LLC-sanctioned event, along with the coaches, referees, officials, volunteers, employees, agents, members, officers, and directors of any of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of Player's participation in any Lacrosse Academy LLC lacrosse event, or as a result of equipment that may have been provided to Player for these activities. We hereby waive any and all damages, claims, and causes of action we or any of us may have against them and do hereby release, indemnify and hold them harmless.

2. **MEDICAL ATTENTION:** We hereby give our consent to Lacrosse Academy, LLC and the host organization of any Lacrosse Academy, LLC-related event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and/ or emergency medical services as warranted in the course of Player's participation in Lacrosse Academy, LLC events.

3. **READINESS TO COMPETE:** Player will only participate in those Lacrosse Academy, LLC competitions for which Player is physically and psychologically prepared to compete. By signing this Agreement we represent that the player has been examined by a physician and has been cleared to play contact sports, that we know Player to be physically and psychologically prepared to compete, and that we are unaware of any physical or psychological condition that renders or may in the future render Player unfit to participate in a lacrosse event. If we learn of any such condition between the date of signing this agreement and the date of any Lacrosse Academy LLC event in which Player will participate, we agree to withdraw Player from participation.

4. **CODE OF CONDUCT:** I have read and agree to all terms in the US Lacrosse Code of Conduct, especially with regard to Player's responsibilities, and or parent's responsibilities as applicable.

5. If fewer than all of Player's Parent/Guardians endorses this agreement, such Parent/Guardian(s) who do signs hereby warrant and represent that he or she has full authority to execute this agreement for and does thereby bind any and all other Parents/Guardians of Player.

Player Signature

Date

Parent / Guardian # 1 Signature

Date

Print Name

Print Name

Parent / Guardian #2 Signature

Date

Print Name

