

Lacrosse Camp Health Record & Waiver

Name: _____

DOB: _____ Age: _____ Sex: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Phone (Home): _____

Parent Phone (Work): _____

Parent Phone (Cell): _____

Emergency Contact : _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Phone (Cell): _____

Health History

Check YES or NO

Asthma: YES _____ NO _____

Diabetes: YES _____ NO _____

Heart Problem YES _____ NO _____

Mono: YES _____ NO _____

Sickle Cell Trait YES _____ NO _____

Concussion YES _____ NO _____

If yes how many? _____ date of most recent _____

Heat Related Illness YES _____ NO _____

If Yes please describe and provide the date(s): _____

Please explain all other "yes" answers: _____

Other serious illness or injury: _____

List all current medications (Prescription, "over the counter" and Herbal): _____

Immunization History

Does camper have all immunizations up to date?

YES _____ NO _____

Restrictions/limitations for camper while at camp? Yes _____ No _____

If yes, please explain: _____

Allergies

Please list any and all allergies (if any) the camper has and the precautions and/or medications he is required to take: _____

If yes, does he carry an Epi Pen? YES _____ NO _____

Please indicate YES or NO for over the counter medications that may be administered to your child if indicated due to injury, and/or illness, according to the manufacturer's recommendations, by the camp training staff.

Ibuprofen YES _____ NO _____

Robitussin DM YES _____ NO _____

Tylenol YES _____ NO _____

Benadryl YES _____ NO _____

Sudafed YES _____ NO _____

Pepto Bismol YES _____ NO _____

Hydrocortisone YES _____ NO _____

Antibiotic Ointment YES _____ NO _____

Cream 1% YES _____ NO _____

Mylanta YES _____ NO _____

Other: _____

Parent's/Guardian's Assumption of Risk /Acknowledgment

I verify that my child has been checked by a licensed physician and is physically able to participate in Play Great Lacrosse Camps and AllAboutLax camps. My child may participate in all activities. I give my permission for my child to be treated by a qualified athletic trainer, certified nurse practitioner, or licensed physician. I further agree that neither the **Play Great Lacrosse** or **AllAboutLax** Camp staff shall be held harmless from and indemnified against any and all liability, cost, claims, loss or damage which it may incur as a result of any accident or injury to my child. In addition, I understand that attendance at a lacrosse camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by Washington and Lee University or Limestone College and will hold harmless Washington and Lee University, Limestone College, its Trustees, officers, employees, agents, and any and all affiliated departments from any and all liability, causes of action, claims, and demands of every kind of nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

PARENT/ GUARDIAN SIGNATURE DATE:

Health Insurance Provider: _____

Policy/ID Number: _____

Insurance Provider Phone: _____

We must receive a photocopy (both sides) of Health Insurance card before camp starts: Fax: 540-458-8173 or email mccabee@wlu.edu