



Mail to: Elite Lacrosse PO Box 99 Swampscott, MA 01907

Section I: (TO BE COMPLETED BY PARENT OR GUARDIAN)

Campers Name _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Father: _____ Day Tel: _____ Eve [Tel:](#) _____

Mother: _____ Day Tel: _____ Eve [Tel:](#) _____

Guardian is: Father Mother Other (Name): _____

Address: _____ Tel: _____

Name of Emergency contact (relation to camper): _____

Day [Tel:](#) _____ Eve [Tel:](#) _____

Family Physician: _____ Address: _____ Tel: _____

Family Dentist: _____ Address: _____ Tel: _____

MEDICAL INSURANCE INFORMATION: Campers must complete insurance information prior to arriving at camp.

Medical Insurance Company Name: _____ Policy #: _____

Section II: Camper Waiver and Release of Liability

In consideration of being allowed to participate in the Elite Lacrosse Camp (the “camp”) sponsored by Elite Lacrosse, LLC. (“Company”) and related events and activities, the undersigned acknowledges, understand, and agrees that:

1. I hereby agree to behave in a responsible manner during the camp week. I understand that anyone who does not follow the rules of the camp will be sent home.
2. I hereby agree to have my child transported to medical care and treated if necessary.
3. The risk of injury from the activities involved in the program of the camp is significant, including potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
4. I knowingly and freely assume all such risks, both known and unknown, even is arising from the negligence of the company, its officers, shareholders, directors, officials, agents, coaches and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the camp (the “releases”_ and I assume full responsibility for my participation; and
5. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention of the nearest staff/official immediately; and
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the releaseses with respect to any and all injury, disability, death, or loss, or damage to person or property, whether arising from the negligence of the releaseses or otherwise unless caused by the willful, wanton and intentional conduct of the releaseses.

I have read the release of liability and assumption of risk agreement, fully understand and it' terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

X(Camper's Signature)_____ Date Signed:_____

This is to certify that I, as parent/guardian with legal responsibility for this camper, do consent and agree to his foregoing waiver and release of all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to the camper's involvement or participation in the camp as provided above.

X(Parent/GuardianSignature)_____ Date Signed:_____

Medical and Immunization History

Section III: Physical Examination

(MUST BE IN THE PRECEDING 24 MONTHS AND DONE BY A MEDICAL PROVIDER)

Medical History (Please not significant disorders):

Allergies:_____ Heart:_____ Tuberculosis:_____

Kidney:_____ Whooping:_____ Cough:_____

Diabetes:_____ Lung:_____ Varicella:_____

Disabilities:_____ Neurological:_____ Other:_____

Pertinent Medical History:_____

Summary of Significant Treatment Program, including Names/Dose of Medications to be used while at camp:

(Medications MUST be in airtight container with the original label):_____

Section IV IMMUNIZATIONS and PHYSICAL: Required through the Board of Health

***HEALTH CARE PROVIDER SHOULD ATTACH A COPY A
PHYSICAL AND IMMUNIZATION RECORD WITH A
HEALTH CARE PROVDERS SIGNATURE OR STAMP***