

VILLANOVA ELITE LACROSSE CAMP

Parental and Health Form

Campers will not be allowed to participate without the completed health and parental release forms.

Please submit by email or fax by June 21st.

Email: villanovalax@gmail.com Fax: 610-519-6884 Attn: Girls' Lacrosse Camp

I, _____, give permission for
_____ to attend and participate in the Villanova Girls'
Lacrosse Camp, June 24-25th, 2014, in Villanova, PA.

I authorize the staff of this camp to determine as appropriate when it is necessary for my child to receive emergency medical or surgical treatment. I understand that every effort will be made to contact me prior to such action.

I herby:

1. Certify that, to the best of my knowledge, the medical information provided is complete and correct.
2. Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve potential for injury.
3. Agree to allow the camp director and medical staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
4. I certify that the above-named individual is able to participate fully in the activity listed above, based on physical examination within 12 months prior to said camp date.

(Signature of Parent)

(Date)

First Name: _____ Last Name: _____

Height: _____ Weight: _____ Age: _____ DOB: _____

Insurance Carrier: _____ Policy #: _____

Parent Name: _____ Cell # _____

Emergency Contact _____ Relationship _____

Emergency Contact #: _____

Medical History

Has your daughter been diagnosed with a concussion? *Yes or No (circle one)*

Date and detail of injury: _____

List any recent sport injury: _____

Allergy History (Yes/No)

Asthma _____ Insect Sting _____ Food Allergy: _____ Other: _____

If medication will be taken during camp, indicate name of the drug and dosage:

Please list any pertinent medical information we should know about.
