Maximum Exposure 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)*

Medical
Chicken Pox __________ ☐
Diabetes _____________ ☐
Measles ______________ ☐
Asthma ______________ ☐
Epilepsy______________ ☐
Other: __________________
____
____

Immunization (include dates)
Tenanus Toxiod __________
Tuberculin Test __________
Measles / Rubella ________
Polio Vaccine ___________
Other: __________________
____
____

Allergies
Insect Stings _______ ☐
Penicillin ___________ ☐
Antibiotics _________ ☐
Other: ________________
____
____

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 wavier of liability, I release (Put Camp Name here) Maximum Exposure 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: _______________________