MEDICAL WAIVER FORM

This form MUST be completed and returned to camp PROIR 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

CAMPER'S NAME: ____ DOB: ______ /______ /______ AGE: ____

CAMPER ADDRESS: ____

EMERGENCY CONTACT

CONTACT #1

NAME: ____
PHONE #: ____
CELL PHONE #: ______________________________________
EMAIL: ____

CONTACT #2

NAME: ____
PHONE #: ____
CELL PHONE #: ______________________________________
EMAIL: ____

MEDICAL INFORMATION

PHYSICIAN'S NAME: ____ PHONE #: ______________________________

ADDRESS/CITY/STATE/ZIP: ____

(Please circle)

Is participant under the care of a provider for a medical condition? NO / YES

Is participant taking medication prescribed by a healthcare provider? NO / YES

-If YES, please explain further: ____

____

ALLERGIES:

Insect Stings NO / YES	Food NO / YES	Medications NO / YES	Do you use an EpiPen? NO / YES

If YES, please explain further: ____

____

Are there any medical conditions that require special attention *(ex: asthmas, epilepsy, diabetes, etc.)?* If so, please explain further: _____________

____

____

INSURANCE INFORMATION

INSURANCE CARRIER: ____ POLICY #: ______________________________

POLICY HOLDER NAME: ____ GROUP #: ______________________________

LIABILITY WAIVER

*The undersigned, being a parent or legal guardian of this camper understands and accepts that injury is possible while participating in the sport of lacrosse. I knowingly assume all risks associated with my child's participation, even if arising from negligence of the participants or others, and assume FULL responsibility for my child's participation.

*I authorize that sport camp staff to secure the proper medical care as necessary to insure my child's well-being.

*I certify that within the past 12 months my child has had a physical exam by a physician or NP and that he/she is physically able to participate in the sports camp activities.

*I hereby acknowledge that I am responsible for medical charges incurred during sports camp participation. I further understand that the sports camp carries an excess medical insurance policy for sports injuries to the camper that may result from camper activities. Camp insurance has limits and exclusions and any secondary charges not covered under this plan will be my responsibility. This policy may only be utilized after my primary insurance company has processed the claims and issued an explanation of benefits.

*I also give permission for the camp directors to take pictures of the camper to use for further promotions of University of Maryland Camps and Clinics.

My signature below indicates that I have read and understand these terms:

PRINT NAME: ____ DATE: _____________________________

SIGNATURE: ____

RELATIONSHIP to PARTICIPANT: ____