

Jackets Lacrosse Camps, LLC Medical Forms and Waivers

Name _____

D.O.B. _____

Insurance Information

Carrier Name _____

Policy/ID #s _____

Address _____

Phone _____

Name of Insured _____

Medical Information

Please list any allergies:

Please list all current medications:

Date of last Physical _____

Does this camper currently have or has she ever had any of the following? Please provide additional explanatory information for any yes responses. Attach additional documentation if necessary:

	NO	YES	Information
Heart Murmurs	_____	_____	_____
Irregular Pulse	_____	_____	_____
Dizziness / Fainting	_____	_____	_____
Nose Bleeds	_____	_____	_____
Diabetes	_____	_____	_____
Epilepsy	_____	_____	_____
Neurological Disorders	_____	_____	_____
Headaches	_____	_____	_____
Asthma	_____	_____	_____
Inhalers	_____	_____	_____
Heat Exhaustion	_____	_____	_____
Heat Stroke	_____	_____	_____
Heat Cramps	_____	_____	_____
Fractures	_____	_____	_____
Sprains	_____	_____	_____
Muscle Injuries	_____	_____	_____

Treatment Waiver

I / We, being the legal guardian(s) of the camper, authorize Jackets Lacrosse Camps, LLC and its agents to request medical treatment as necessary, to ensure the well-being of my/our dependent.

Signature of Parent/Guardian _____ Date _____

Emergency Contact Information

Name _____ Relationship _____

Cell Phone _____ Home Phone _____

Waive and Release

Parent(s)/Guardian's Assumption of Risk and Acknowledgment:

I verify that my child has been checked by a licensed physician and is physically able to participate in the Jackets Lacrosse Camp. 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 Randolph-Macon College and will hold harmless Randolph-Macon College, its Trustees, officers, employees, agents, and any and all affiliated departments, or the Jackets Lacrosse Camp, its staff, officers, agents, representatives, employees, and successors from any and all liability, causes of action, claims and demands of every kind or nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

Signature of Parent/Guardian _____ Date _____

Photography Release

I / We, being the legal guardian(s) of the camper, authorize Jackets Lacrosse Camp, LLC and its agents to use photographs at camp of the camper named above for all Jackets Lacrosse Camp, LLC marketing materials, including the camp website.

Signature of Parent/Guardian _____ Date _____