



Health Statement, Waiver and Release of Liability

- Session Attending:**
- Boy's Recruiting Camp Girl's Camp
 Girl's Early Edge Camp Fall Foliage Classic

Camper's Name (please print)

Date of Birth

Age

Home Address

City/Town

State

Zip Code

Health History

Allergies (e.g., food, drugs, asthma, etc.) No Yes, please explain _____

Current Medications No Yes

If you have any medical conditions or medications you feel we should be aware of please indicate: _____

In Consideration of my participation in Elite Lacrosse events, I agree to the following:

Medical Attention: I hereby give consent to Elite 180 Lacrosse to provide, through a medical staff of it's choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in Elite 180 Lacrosse sponsored or sanctioned events.

Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

Waiver and Release: I am fully aware of and appreciate the risks, including catastrophic injury, paralysis and even death, as well as other damages and losses associated with the participation in lacrosse related activities. I further agree that I will not hold Elite 180 Lacrosse, Keene State College, along with employees and volunteers, liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

Emergency Contact: _____ **Number:** _____

Insurance Company: _____ **Policyholder Name:** _____

Policy Number: _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian