The Lacrosse Academy
209 East Elm Street
Granville, OH 43023
(740) 587-1213

Medical Waiver Form

IMPORTANT: This form must be received prior to your participation in camp. Save a copy of this form once completed and signed by your physician. if it gets lost, or held up by mail, having a copy available will save you time and effort. Mail to the address listed above or submit on your arrival date. DO NOT hold up sending your registration application and deposit check while waiting to complete this Medical Form – this form can be mailed later.

Camper's Name: Date of Birth: / / mm/dd/yyyy

Camp Attending

☐ **Virginia Boys: June 22 -22** ☐ **Virginia Girls: June 26 -29** ☐ **Denison Boys 1: July 5 -8** ☐ **Denison Boys 2: July 10 – 13**

MEDICAL INSURANCE CARRIER

Name: Policy #:

MEDICAL HISTORY

Please list all known allergies:

Please list medications to be taken at camp:

List any medical conditions, past injuries and limitations that our staff should be aware of:

FOR CAMPER'S PHYSICIAN

I certify that _____ *(Name of camper)* was examined by me on _____ *(date, must be within past 12 months of listed camp session.)* and is physically fit to actively participate in all lacrosse camp activities.

Phone number: *Physician's Signature* *Date*

Physician's Notes:

PARENT OR GUARDIAN SIGNATURE

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper named above.

Parent / Guardian Signature *Date*

Home Phone: ( )
Cell Phone: ( )
Work Phone: ( )

Emergency contact name & phone, other than parent:

This form will be kept confidential and will be used as supplementary information by the certified trainer at the camp.