



# Health Statement, Waiver and Release of Liability

Session Attending:  Boy's Recruiting Camp  Girl's Recruiting Camp

Camper's Name (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ YOG \_\_\_\_\_

Home Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Health History

Allergies (e.g., food, drugs, asthma, etc.)  No  Yes, please describe \_\_\_\_\_

Current Medications  No  Yes: \_\_\_\_\_

Additional medical conditions you feel we should be aware of please share:  
\_\_\_\_\_

### In Consideration of my participation in Elite 180 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 \_\_\_\_\_