



## Health Statement, Waiver and Release of Liability

**Session Attending:** ☐ Girl's Recruiting Camp

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Camper's Name (please print)

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Date of Birth

Age

YOG

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Home Address

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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, Northfield Mt. Hermon School, 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:** \_\_\_\_\_

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Signature of Parent/Guardian

Date

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Printed Name of Parent/Guardian