



Health Statement, Waiver and Release of Liability

Session Attending:

☐ 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 its 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, the Trustees of Deerfield Academy, 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