

# Get to the Goal Lacrosse Camp **EMERGENCY FORM**

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (in Sep) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guard. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

If parent/guardian is unavailable, please list an adult familiar with your child that we may call in case of emergency:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

## **MEDICAL INFORMATION**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Camper's Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Camper's Dentist \_\_\_\_\_ Telephone # \_\_\_\_\_

Is your child fully capable of participating in a full week of lacrosse camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child wear contact lenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes"- please explain:

Does your child have any medical condition we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes"- please explain:

Will your child be taking any medication at home- prior to the camp day? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes"- please explain:

Is your child on any medication that they will bring to camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes"- please explain:

## **IMMUNIZATION RECORDS**

The Andover Board of Health is very strict with regard to the physical status of each and every camper planning to attend Get to the Goal Lacrosse Camp. We are **required** to have a current immunization record **AND** a copy of each child's most recent physical exam (dated with the last 24 months) on site- for every camper. In order for us to accept your child's application to Get to the Goal, **you must attach a current immunization record from your physician AND a copy of your child's most recent physical exam (which must be dated within the last 24 months)!**

## **RELEASE STATEMENT**

I, the parent/guardian of \_\_\_\_\_, give permission for my child to receive emergency medical treatment and hospitalization, if necessary. I understand that every attempt will be made to contact me, or the named person listed above, before taking this action. By enrolling my child, I ensure that she is physically and mentally able to participate in all of the program activities. I hereby waive and release Get to the Goal Lacrosse camp- it's Directors and Staff from any liability for any injury or illness incurred while attending camp. I UNDERSTAND THAT THERE IS A RISK OF INJURY TO MY CHILD AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

\_\_\_\_\_  
SIGNED (Parent or Guardian)

\_\_\_\_\_  
DATE

Note: No camper will be allowed to participate without this form completely filled out, a copy of immunization records provided by the camper's physician and a copy of a physical taken with the last 24 months.