

Generals Lacrosse Camp, LLC

Sunday, June 2, 2019

Medical History Form

Camper's First Name: _____ Last Name _____

Date of Birth: _____

Does this camper currently have or has she ever had any of the following? Please provide additional explanatory information for any yes responses. Attach additional documentation if necessary:

	NO	YES	Information
Heart Murmurs	_____	_____	_____
Irregular Pulse	_____	_____	_____
Dizziness / Fainting	_____	_____	_____
Nose Bleeds	_____	_____	_____
Diabetes	_____	_____	_____
Epilepsy	_____	_____	_____
Neurological Disorders	_____	_____	_____
Headaches	_____	_____	_____
Asthma	_____	_____	_____
Inhalers	_____	_____	_____
Heat Exhaustion	_____	_____	_____
Heat Stroke	_____	_____	_____
Heat Cramps	_____	_____	_____
Fractures	_____	_____	_____
Sprains	_____	_____	_____
Muscle Injuries	_____	_____	_____
Allergies	_____	_____	_____

Please list all prescription and non-prescription medications the camper is currently taking:

Has the camper ever sustained a head or spinal injury? Has she ever lost consciousness? If yes, to either question, please explain the nature and cause of the injury:

Does the camper have any other medical problems that could interfere with full participation in physical activities? If yes, please explain:

I being the legal guardian of the camper named above, certify that the camper named above has no medical problems that restrict her from participation in vigorous physical activity while attending Generals Lacrosse Camp.

Signature of Parent/Guardian _____ Date _____

Print Parent/Guardian Name _____ Contact Phone # _____

Medical Treatment Authorization

I / We, being the legal guardian(s) of the camper, authorize Generals Lacrosse Camp, LLC and its agents to request medical treatment as necessary, to ensure the well-being of my/our dependent.

Signature of Parent/Guardian _____ Date _____

Photography Release

I / We, being the legal guardian(s) of the camper, authorize Generals Lacrosse Camp, LLC and its agents to use photographs at camp of the camper named above for all Generals Lacrosse Camp, LLC marketing materials, including the camp website.

Signature of Parent/Guardian _____ Date _____

Waive and Release

Parent(s)/Guardian's Assumption of Risk and Acknowledgment:

I verify that my child has been checked by a licensed physician and is physically able to participate in the Generals Lacrosse Camp. In addition, I understand that attendance at a lacrosse camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by The Washington and Lee University and will hold harmless The Washington and Lee University, its Trustees, officers, employees, agents, and any and all affiliated departments, or the Generals Lacrosse Camp, its staff, officers, agents, representatives, employees, and successors from any and all liability, causes of action, claims and demands of every kind or nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

Signature of Parent/Guardian _____ Date _____

Health Insurance Information

INSURANCE INFORMATION:

Name of Policy Holder: _____

Relationship to Camper: _____

Group/Employer: _____

Claim Office Address & Telephone: _____

Policy Number: _____ Group Number: _____

Policy Holder Signature: _____ Date: _____

****PLEASE INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF THE INSURANCE CARD****