

PressLax 2032 LACROSSE CAMP HEALTH FORM

This form can be mailed or arrive with camper on the first day of camp. Camper will NOT be allowed to participate until a copy of this form is on file with camp. It is to be filled out by the camper's parent or guardian. Campers must have had a physical within one year of camp date.

If you choose to mail the form, please send to: Press Lax, DC 6 cl ' - * ž; fYYbj T`Y, RI 02, & .

Cwgpf kpi < San Diego Xtreme Lax (6/4-6) Aspen Xtreme Lax (6/9-12) Atlanta Xtreme Lax (6/15-17) Next Level (6/ 21-24)

Name _____ Date of Birth _____ Age _____
Last First Initial

Parent or Guardian _____ Phone _____

Home Address: _____
Number/Street City State Zip

In case of Emergency, Notify _____ Phone _____

Home Address: _____
Number/Street City State Zip

Medical/health Insurance Co. _____ Policy No. _____

Does your child have any physical or medical conditions we should know about? _____

Is your child taking medications? If yes, please list: _____

PLEASE NOTE: Our staff cannot administer any medications, prescription or non-prescription to campers. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the camper will need to take medications while attending our program, s/he must bring the medication to camp and assume responsibility for taking it as needed or indicated.

IN CASE OF EMERGENCY: I understand every effort will be made to contact parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I also understand that all costs incurred in procuring such medical treatment and care shall be my obligation.

Signature: _____ Date: _____

REQUIRED: Parental / Guardian signature verification of date of last physical

PHYSICIAN'S EXAM • date of last exam: _____

REQUIRED: Exam must be given within one year of camp date.

A physician has examined the camper listed above and found him to be able to participate in all activities that are involved in Lacrosse Camp.

Physician's Name: _____ Physician's Phone: _____
Please Print

Parent or Guardian; _____ Date: _____

Parent or Guardian Signature: _____