



## Quality Lacrosse, LLC Physical Form

*Note: You may substitute a copy of a physical as long as it has been done within the last year.*

To be completed by family Physician/Pediatrician

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has been examined and found to be in satisfactory health and apparently free from communicable disease. There are no apparent contraindications to participating in sport activities.

Most recent tetanus shot: \_\_\_\_\_

### **Medical Questions** :

*Please answer Yes or NO. If yes, explain answers below (use back if necessary):*

1. Any medical conditions or injuries under current treatment?
2. Are you allergic to any drugs, food, insects, etc.?
3. Past illness of more than one week duration?
4. Asthma?
5. Contact lenses?

\_\_\_\_\_ MD \_\_\_\_\_  
*Signature Phone Number*

\_\_\_\_\_ MD  
*Print Name*

*Form must be returned before your child can participate in camp.*



## Quality Lacrosse, LLC. Player Waiver & Release Agreement

I hereby give permission for the player named below to participate in camps held by **Quality Lacrosse, LLC.**

Player Name:	Parent Name:
Today's Date:	Child's Date of Birth:
Child's Permanent Address (Street, City, State, Zip):	
Best Way to Reach Parent/Guardian (Option 1):	
Best Way to Reach Parent/Guardian (Option 2):	
Best Way to Reach Parent/Guardian (Option 3):	
Alternative Emergency Contact (Name & Number):	
Health Insurance (Type & Policy #): _____	
Policy Holder: _____	
Please list any pre-existing medical conditions:	

### **CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE**

I am aware that participating in lacrosse is a potentially hazardous activity. I assume all risk associated with participation in this sport, including, but not limited to a fall, contact with other participants, the effects of weather, traffic, and other reasonable risk associated with the sport. All such risks to me are known and understood by me. I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem begins.

By signing below, I certify the following:

- That my child is not currently under the care of a physician for an injury or illness that would prevent his safe participation in the summer camp;
- That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;
- That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

### **CONSENTS**

I authorize the program to provide emergency treatment for any injury or illness that occurs to my child, \_\_\_\_\_, in the event of accident or illness during his presence at the camp.

### **RELEASE**

In consideration for accepting my child into Quality Lacrosse Camp, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in Quality Lacrosse Camp. I understand this consent form and agree to its conditions. I agree to indemnify and hold harmless **Quality Lacrosse, LLC** and its organizers from any and all causes of action, claims, demands, losses and costs of any nature whatever arising out of or in any way relating to my participation in this program.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name Printed:

\_\_\_\_\_