



HEALTH FORM AND RELEASE STATEMENT

Please bring with you to camp registration or mail in advance.

This form must be completed and signed by the camper's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while camp is in session. This form will be returned to you if it is incomplete. Please print.

CAMPER INFORMATION

Camper's Full Name	
Permanent Address	
Date of Birth	
Home Phone	
Mobile Phone	

MEDICAL EMERGENCY CONTACT INFORMATION

Person to contact first / Relation to camper	
Daytime Phone	
Back-up contact / Relation to camper	
Daytime Phone	

INSURANCE POLICY INFORMATION

Camper's Full Name	
The above-named child is covered by health insurance	Yes No
Policy Holder's (P.H.) name	
Policy Holder's Date of Birth	
Relation to camper	
Address City / State / Zip	
Occupation	
Employer's Address	
Insurance Company	
Insurance Company's Address	
Policy #	

WAIVER & RELEASE STATEMENT

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health, and suffers from no serious illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant participate in vigorous physical activity. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases Play Like a Pro Lacrosse, East Ridge High School and all other employees or agents of the camp from any liability from any loss or damage or personal property, injury or illness, mental or physical suffered by the camper during or related to camp.

Legal Guardian's Signature (Print Name) Date

Legal Guardian's Signature Date