

Rylor Lacrosse Camp Health History and Waiver.

You Must complete the health history, sign the waiver form and INCLUDE a copy of your child's immunization record in order to participate.

I. Camper Information

Camper Name _____
Custodial Parent / Guardian Name(s) _____ Phone(_____) _____
Emergency Contact _____ Phone(_____) _____

II. Insurance Information- Attach photocopy of insurance card

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____

Group # _____

Carrier address: _____

Name of insured: _____

Relationship to participant: _____

Social security number of policy holder or insurance ID number:

III. Health History

The following information must be filled in by the parent/guardian.

Allergies List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

General Questions (Explain "yes" answers below.)

Has / does the participant: (Please circle) Yes No

- | | |
|--|---|
| 1. Had any recent injury, illness or infectious disease? Yes No | 17. Have a chronic or recurring illness / condition? Yes No |
| 2. Ever been hospitalized? Yes No | 18. Ever had surgery? Yes No |
| 3. Have frequent headaches? Yes No | 19. Ever had a head injury? Yes No |
| 4. Ever been knocked unconscious? Yes No | 20. Wear glasses, contacts or protective eye wear? Yes No |
| 5. Ever had frequent ear infections? Yes No | 21. Ever passed out during or after exercise? Yes No |
| 6. Ever been dizzy during or after exercise? Yes No | 22. Ever had seizures? Yes No |
| 7. Ever had chest pain during or after exercise? Yes No | 23. Ever had high blood pressure? Yes No |
| 8. Ever been diagnosed with a heart murmur? Yes No | 24. Ever had back problems? Yes No |
| 9. Have diabetes? Yes No | 25. Have asthma? Yes No |
| 10. Had mononucleosis in the past 12 months? Yes No | 26. Had problems with diarrhea / constipation? Yes No |
| 11. Have problems with sleepwalking? Yes No | 27. Have a history of bed-wetting? Yes No |
| 12. Ever had an eating disorder? Yes No | |
| 13. Ever had emotional difficulties for which professional help was sought? Yes No | |
| 14. Ever had problems with joints disease? (e.g., knees, ankles)? Yes No | |
| 15. Have an orthodontic appliance being brought to camp? Yes No | |
| 16. Have any skin problems (e.g., itching, rash, acne)? Yes No | |

Please explain any "yes" answers, noting the number of the questions.

Use this space to provide any additional **information about the participant's behavior and physical, emotional, or mental health** about which the camp should be aware.

PARTICIPANT WAIVER AND RELEASE OF LIABILITY AGREEMENT: In consideration of my child's/children's participation in the sponsored activities of the Rylor Lacrosse Camp, I acknowledge, agree to and understand that:

READINESS TO COMPETE: Voluntarily and of my own free will, I will allow my child/children to participate in the activities of the Rylor Lacrosse Camp. I will only allow my child/children to participate in those competitions and activities sponsored by Rylor Lacrosse for which I believe my child/children is physically and psychologically prepared to compete.

MEDICAL ATTENTION: I hereby give my consent to Rylor Lacrosse Camp to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted through the course of my child's/children's participation in sponsored lacrosse activities.

WAIVER & RELEASE OF LIABILITY: I am fully aware of and appreciate the risks associated with my child's/children's participation in a lacrosse event, including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and loss. I further agree on behalf of myself, my heirs, and personal representatives, that Rylor Lacrosse LLC, along with their coaches, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my child's/children's participation in the event(s).

Photo Release:

I understand that Rylor Lacrosse may use pictures of my child promotional purpose.

Parent/Guardian Signature _____

Date _____