Medical Form and Waiver

Part I: This form must be completed and signed by the participating player's legal guardian. The information we ask you to provide is necessary in the event your child needs medical treatment while the **Kathy Taylor Lacrosse Camps at Colgate University** is in session. This form will be returned to you if incomplete and your daughter may not participate in the clinic.

PLAYER INFORMATION

Players Name _____
Home Address _____ City/State/Zip _____
Date of Birth _____ Year of Graduation _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:
Name _____ Relation to Player _____
Daytime Phone _____ Evening Phone _____

INSURANCE POLICY INFORMATION

The above named child is coverage by health insurance (please circle one): Yes No
If yes, please provide the following information which is required by Bryant University to expedite treatment and facilitate the billing process.
Policy Holder's Name _____ Relation to Player _____
Address _____ City/State/Zip _____
Occupation _____ Insurance Company _____
Insurance Company's Address _____
Policy # _____ Plan # _____

MEDICAL TREATMENT CONSENT

I, the legal guardian of the above-named player, authorize the **Kathy Taylor Lacrosse Camps** staff to seek medical treatment for the player as they see necessary. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the staff authority to seek medical treatment, and provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the camp staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the camp staff will notify me or my designee as soon as possible if any and all diagnoses and treatments are made. I certify that the above-named camper is physically fit to participate and understand the risk and responsibility of participating in this program. I certify that the camper has adequate insurance and that Colgate University and Kathy Taylor Lacrosse Camps shall be held harmless in the event of injury.

_____ _____ _____
Legal Guardian's Signature Print Name Date

CONTINUED ON BACK

Part II: Completion of this form by a parent or guardian is required before a student can enter the **Kathy Taylor Lacrosse Camps at Colgate University.** Please answer all questions. Incomplete forms will be returned to you for the missing information. Attach any specific recommendations from your physician to this form.

DOES THE PLAYER CURRENTLY HAVE THE FOLLOWING?
(if yes, please describe)

Drug Allergies: _____
Food Allergies: _____
Allergies to insect bites: _____
Special Dietary Needs: _____
Asthma: _____
Dizziness or Seizures: _____
Limitations of Activities: _____
Medication the player is currently taking: _____

Any surgery within the last 6 months? _____
If yes, what for? _____

Any overnight/extended hospital stay in the last 6 months? _____
If yes, what for? _____

***Please Note**: Our staff cannot administer any medications, prescription or non-prescription to players. This includes over-the-counter medicines like Advil or Tylenol for minor headaches or pains. If the player 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.*

PHYSICIAN'S INFORMATION Please **PRINT** the following information:
Physician's Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Part III: WAIVER AND RELEASE STATEMENT
I understand that, as a condition of admittance to the **Kathy Taylor Lacrosse Camps**, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases Kathy Taylor Lacrosse Camps, Colgate University, Kathy Taylor, and all other employees or agents of the camp from any liability from any loss or damage to personal property, injury or illness, mental of physical suffered by the player during or related to Kathy Taylor Lacrosse Camps.

Players Name: _____
Parent/Guardian Signature: _____
Date: _____

Please bring this completed form with you to registration!

Thank you!