

Player's Choice Lacrosse Medical/Insurance Form - 2009

Name _____ Age _____ DOB _____

Address _____

Town/City _____ State _____ Zip _____

Tel. _____ Ht. _____ Wt. _____ MALE FEMALE (circle one)

Person to contact in case of emergency: _____

Relation to player: _____

Day Tel: _____ Eve Tel: _____ Cell _____

Name of family physician: _____

Physician's Tel: _____

Health Insurance Provider: _____

Policy #: _____

Are there any medical problems we should be aware of? YES NO (circle one)

Describe any such medical problems, recent accidents, or surgery we should be aware of:

List any allergies: _____

List any medication taken regularly: _____

Please read and sign the other side of this form.

By signing this form I assure that all information is accurate to the best of my knowledge. I also give my permission for the player listed above to participate fully in the Player's Choice Lacrosse Camp(s) being held at the University of Massachusetts at Dartmouth in North Dartmouth, MA in July and August, 2009, and I realize that there are certain risks inherent to a contact sport such as lacrosse and that physical injury, minor, severe, or in extreme instances, even fatal, during play is a possibility. I release from liability Player's Choice Lacrosse and its personnel for any injury to the player listed above which results from participation in the Player's Choice Lacrosse Camp(s). I also give Player's Choice Lacrosse and its directors, officers, coaches, trainers, and employees permission to obtain first-aid and medical treatment, including surgical care, to protect the life and health of the player listed above, and give Player's Choice Lacrosse permission to release information to facilitate the medical or surgical care of the player named above, or as is necessary for the completion of a claim of health insurance.

Signature (parent or guardian) _____ Date _____

Print Name _____

Relation to the player named above _____

If you're going to be away on vacation while the camp is in session, please tell us where you will be and provide us with any necessary phone numbers:

The University of Massachusetts at Dartmouth is not responsible for the operation of summer camps.

Player's Choice Lacrosse, PO Box 99, Shrewsbury, MA 01545
Tel: 1-800-224-5785; 508-831-1200; www.pclax.com