

**BLUE CHIP LACROSSE
PARENTAL CONSENT FORM**

Camper's Name: _____

SS# _____ Birth Date _____

Allergies: Yes _____ No _____

Description: _____

Taking Medication: Yes _____ No _____

Description: _____

Guardian: _____ Relation: _____

Home # _____ Work # _____

Other Emergency Contact: _____ # _____

Your Insurance Co.: _____ Policy #: _____

Name of Policy Holder: _____

I, the undersigned hereby certify that I am the parent or legal guardian of the camper. I hereby give my permission for the camp to seek, during the duration of camp, the appropriate medical attention for the camper in the event of an accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment. I, the undersigned for ourselves and as guardian of (Camper's Name) _____ understand that Lacrosse is a physical sport and that injuries can take place during play. I understand that, as with any other sport, injuries can occur and I hereby acknowledge that my child is physically fit and mentally capable of participating in Lacrosse and other Camp Activities. I represent that I have sought the opinion of my child's physician, (Physician's Name/Phone) _____ and he agrees that (Camper) _____ is fully capable of safely engaging in the activities. I also understand that it is my responsibility in caring for the camper listed above, to be fully assured that he is capable of playing in such sport. I, the undersigned for myself, my heirs, executors and administrators, waive, release, and forever discharge Blue Chip Lacrosse, its staff, and representatives from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury is due to negligence.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____