2020 Natick Summer Lacrosse Camp

Boy's Camp- July 13-17, 2020 - 9a.m. to 2p.m. (9-12pm on Friday)
Natick High School Turf Sports Complex

Checks made payable to:
Natick Lacrosse Camp

All form and checks should be mailed to:
Natick Lacrosse Camp
3 Cheryl Rd. Natick, MA 01760

Please Check the Appropriate Box

- ☐ ***Boy's Camp Sign Up $365 (includes lunch)***
- ☐ ***Early Sign Up by April 1st $325 and a FREE t-shirt (includes lunch)***

- ☐ ***I paid via Venmo on the Venmo phone app or at www.venmo.com. Our Venmo username is "Natick-lax".***
- ☐ ***I am paying by check***

THE FIRST 20 CAMPERS SIGNED UP WILL HAVE THEIR NAME PUT INTO A RAFFLE FOR A BRAND NEW STX LACROSSE STICK AND SHAFT

Player Information

Player's Name _____

Age as of July 13, 2020 _____

Phone number_____

Email _____

Favorite position: **Attack** **Midfield** **Defense** **Goalie**

Natick Lacrosse Camp LLC

MEDICAL EMERGENCY RELEASE & RELEASE OF LIABILITY FORM
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For the protection of all the Natick Lacrosse Camp participants and staff, we ask you to please complete and sign the following information request, medical treatment authorization, and release and indemnity agreement relating to your child's participation in the Natick Lacrosse Camp program. This form (2 pages) must be completed and signed before your child can participate in the Natick Lacrosse Camp.

Child's Name: _____ Date of Birth: _____

Home Address:

_____

Home Phone: _____

Parents/Guardians: _____ _____

Work Phone: _____ _____

Mobile Phone: _____ _____

Names of two people who may be called if unable to reach parents:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Please list any current, chronic or reoccurring medical conditions:

_____

Please list any known allergies, and describe reaction and prescribed medication/treatments:

_____

Please list any medication currently being taken by the participant for any condition:

_____

Medical Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Natick Lacrosse Camp LLC
MEDICAL EMERGENCY RELEASE & RELEASE OF LIABILITY FORM

Child's Name: _____

Release of Liability – Please read carefully as this is a Release of Liability and Other Rights
Although precautions are taken to provide proper organization, instruction and equipment for your child's participation at the Natick Lacrosse Camp, there can be no guarantee of absolute safety against injury and accident. There are elements of risk in any sport or program involving physical activity and risk taking (the "activity(ies)") and the use of any equipment in connection with the activities. I, on behalf of myself, my child and any other parent of the child, understand that my child may be involved in activities including but not limited to lacrosse and/or other physical undertakings. I acknowledge that my child may decline to participate in any activity(ies). Any participation by my child in the activity(ies) will be voluntary.

Acknowledgement of Risks: I recognize that there is inherent danger in any activity(ies) which involves physical exertion or risk taking; that although the program may not be strenuous, injuries or medical complications may occur; that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity(ies); and that balance and physical coordination and conditioning may affect the occurrence of accidents, falls, and injuries.

Express Assumption of Risk and Responsibility: In recognition of the inherent risks of the activity(ies) which my child will be engaged, both seen and unforeseen, I confirm that my child is physically and mentally capable of participation in the activity(ies) and/or using equipment in connection therewith. I understand that my child will be participating willingly and voluntarily, and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur. On behalf of myself, my child and any other parent of the child, I assume the risk(s) of personal injury, accidents, and/or illnesses of all kinds and nature, including death.

Authorization: I hereby authorize any medical treatment deemed necessary in the event of any injury to my child while participating in the activity(ies). I will have appropriate insurance or, in its absence, I agree to pay all costs of rescue and/or medical services as may be incurred on behalf of my child.

Release and Hold Harmless: In consideration of my child's participation in the activity(ies), I, for myself, for my child, and for any other parent of the child, do hereby RELEASE AND AGREE TO HOLD HARMLESS Natick Lacrosse Camp, its directors, officers, employees, and agents from all liability with respect to my child, and I waive any claim for damage arising from any cause whatsoever.

Acknowledgement: In signing this Release of Liability, I acknowledge and represent that I have fully reviewed it and understand what it means, and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I further agree that this Release of Liability shall be construed in accordance with the laws of The Commonwealth of Massachusetts. If any of its terms or provisions shall be held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby to the fullest extent permitted by law. I further state that I agree that I, my child and or respective estates, heirs, administrators, personal representatives, and assigns shall be bound by the same. This agreement may not be altered in any way.

Parent/Guardian signature: _____

Parent/Guardian printed name: _____

Date: _____

Natick Lacrosse Camp LLC

PHYSICIAN'S STATEMENT OF HEALTH & IMMUNIZATION FORM

For the protection of participants and staff, we ask that a Statement of Health and Immunization Form be completed by your child's Physician before your child can participate in the Natick Lacrosse Camp. You may submit this form to your child's Physician to complete, or have your child's Physician submit their own form.

Child's Name: _____ Gender: _____ Date of Birth: _____

Blood Pressure: _____ Height: _____ Weight: _____

Immunization History:

Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DPT (Diphtheria, Pertussis, Tetanus)					
TD (Tetanus, Diptheria)					
Tetanus					
Polio					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
Varicella (Chicken Pox)					
Hib (Haemophilus influenza)					
Tuberculin Test Results					
Lead Test Results					
Other					

Check if normal or give details:

Eyes _____ Vision _____ Skin_____ Throat _____ Ears _____

Hearing_____ Teeth _____Heart_____ Lungs _____ Posture_____

Musc/Skel _____ CNS _____ Hernia _____ Abdomen _____

Genetalia _____ Menstruation _____

Known Allergies and Treatment:

Food _____ Medication(s) _____

Environment _____ Insect(s) _____

Is the person currently under the care of a physician? Yes: ____ No: ____

If yes, why? _____

Current medications or treatment _____

Recommend/describe any limitations or restrictions on activities: _____

Medications to be taken/administered: (including sunscreen, inhalers, etc.) Please list ALL prescription medication, and any over-the-counter or nonprescription drugs, taken routinely.

Name of Medication(s): _____

Additional health information: _____

I have examined this child herein described and it is my opinion that this child is able to engage in and participate in all program activities, unless otherwise noted above.

Licensed Physician's Signature: _____ Telephone: _____

Address: _____ Examination Date: _____

Must be within 24 months of start of program