

CAPTAINS ELITE LACROSSE, LLC

Medical Forms & Waivers

Athlete Name: _____

DOB: _____

Insurance Information:

Carrier Name: _____

Phone: _____

Policy and/or ID #'s: _____

Medical Information:

Please list any allergies: _____

Please list any health conditions or recent injuries: _____

Please list all current medications: _____

TREATMENT WAIVER

I/We, being the legal guardian(s) of the camper, authorize Captains Elite Lacrosse, LLC and its agents to request medical treatment as necessary to ensure the well-being of my/our dependent.

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

WAIVER & RELEASE OF LIABILITY

Parent/Guardian's Assumption of Risk and Acknowledgment:

I verify that my child has been check by a licensed physician and is physically able to participate in the Captains Elite Lacrosse camp/clinic/tournament. In addition, I understand that attendance at a lacrosse camp/clinic/tournament carries certain risks of injury and I assume all risks resulting from participation in this event. I understand that the event is not operated or controlled by Christopher Newport University and will hold harmless CNU, its trustees, officers, employees, agents, and all affiliated departments, or the Captains Elite Lacrosse, its staff, officers, agents, representatives, and employees for any and all liability, causes of action, claims and demands of every kind or nature whatsoever which may arise in connection with or resulting from participation in any of the event's activities.

Signature of Parent/Guardian: _____ Date: _____

PHOTOGRAPHY RELEASE

I/We, being the legal guardian(s) of the camper, authorize Captains Elite Lacrosse, LLC and its agents to use photographs at camp of the camper named above for all Captains Elite Lacrosse, LLC marketing materials, including the camp website.

Signature of Parent/Guardian: _____ Date: _____