

LAKELAX LACROSSE WINTER SESSION

HEALTH FORM

In order to participate as a member of the LAKELAX Lacrosse WINTER SESSION Team, (hereinafter collectively referred to as "LAKELAX TEAM"), each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed these two forms will not be permitted to participate in any team activities until they are received.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_
Last First Middle Initial Month/Day/Year

Contact Information

Parents/Guardians \_\_\_\_\_ Home Phone( \_\_\_\_\_ ) \_\_\_\_\_ WorkPhone( \_\_\_\_\_ ) \_\_\_\_\_
Area Code & Number Area Code & Number

Home Address \_\_\_\_\_
Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. \_\_\_\_\_ Phone \_\_\_\_\_
Name (Local Contact)
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_
Name (Local Contact)
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Health History (check, give approximate dates, and any details you believe would be helpful)

Allergies:
Ear Infections \_\_\_\_\_ Hay Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_
Rheumatic Fever \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Measles \_\_\_\_\_
Convulsions \_\_\_\_\_ Insect Sting \_\_\_\_\_ German Measles \_\_\_\_\_
Diabetes \_\_\_\_\_ Penicillin \_\_\_\_\_ Mumps \_\_\_\_\_
Behavior \_\_\_\_\_ Other? \_\_\_\_\_ Asthma \_\_\_\_\_
Operations or Serious Injuries (dates/description) \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Other Diseases or Details re: Above
\_\_\_\_\_

Any specific activities to be restricted while participating as a member of the LAKELAX Team?
\_\_\_\_\_

Important: Please notify the LAKELAX Team staff if this player is exposed to any communicable diseases three weeks prior to season star date of April 1.

This health form is correct as far as I know, and my child/ward has permission to engage in all team activities, except as noted herein by me. In the event that I cannot be reached in an emergency, I hereby give the administrators of the LAKELAX Team and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well-being of my child/ward, including hospitalization, injections, anesthesia and/or surgery.

I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the LAKELAX Team, as deemed necessary by the staff of the LAKELAX Team.

Signature of \_\_\_\_\_ Date: \_\_\_\_\_
Parent/Guardian: