

Battle of the Hotbeds Lacrosse Camp - PARENT WAIVER/CAMPER STATEMENT

IMPORTANT: THIS MUST BE RECEIVED PRIOR TO ATTENDANCE AT CAMP

A Physician's Clearance for participation should be sent with this Waiver

CAMPER'S NAME _____ HOME PHONE _____

ADDRESS _____ City _____ State, Zip _____

_____ Parent's Cell Phone _____

Emergency Health Information:

Applicant's Social Security Number (if available) _____

Mother's Name _____ Day Phone _____

Mother's Place of Employment _____ Wk Phone# _____

Father's Name _____ Day Phone _____

Father's Place of Employment _____ Wk Phone# _____

If Parents/Guardian cannot be reached: Call _____ Phone _____

Or call _____ Phone _____

Family Physician _____ Phone _____

Indicate any serious medical conditions: _____

ALLERGIC TO: _____

MEDICATION NEEDED TO BE TAKEN AND FOR WHAT MEDICAL REASON _____

Medical Information: _____ has been examined within the last 12 months and no medical reason has been found that he cannot participate in this camp. His records show that all immunizations are up to date. Date of last tetanus and diphtheria immunization _____. If more than ten years ago, a booster shot is recommended. I agree that in case of an accident involving my child while attending this camp and with full awareness that lacrosse is an activity that may involve risk or injury, I release Battle of the Hotbeds / Blue Hen Lacrosse Camps, INC. and the University of Delaware, their trustees, employees, and servants from any and all liability. I understand that Battle of the Hotbeds / the Blue Hen Lacrosse Camp, Inc. and the University of Delaware **do not** provide medical insurance and that I will be responsible for all medical expenses incurred. The sports camp has adopted the following procedures in caring for your child when he becomes sick or injured while attending camp: 1) the camp will call home, if there is no answer, 2) the camp will call the father's, mother's or guardian's place of employment. If there is no answer, 3) the camp will call the other phone number's listed and the physician. 4) if none of the above answer, the camp will transport by a staff member or call an ambulance, if necessary, to transport the child to a local medical facility. 6) The camp will continue to call the parents, guardians or physician until one is reached. If I can not be reached and the camp authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. By signing below, I agree to all the terms detailed above.

_____ Date _____

Parent/Guardian Signature

ALL REQUESTED INFORMATION MUST BE PROVIDED. CAMPERS WITHOUT THIS FORM WILL NOT BE PERMITTED TO ATTEND.

CAMPER'S STATEMENT: I AGREE TO BE ON MY BEST BEHAVIOR DURING CAMP WEEK. I UNDERSTAND THAT ANYONE WHO DOES NOT FOLLOW THE RULES OF CAMP WILL BE SENT HOME. I WILL ABIDE BY ALL RULES AND REGULATIONS OF THE CAMP

CAMPER'S SIGNATURE _____ DATE _____

Email to bobshil@udel.edu or Mail to:

BATTLE OF THE HOTBEDS LACROSSE CAMPS
18 EAST BROOK KNOLL
ELKTON, MD. 21921