



EVENT REGISTRATION FORM

Name of Event: _____

Name of Participant: _____ DOB: ____/____/____ Player E-Mail: _____ @ _____

Parents Names: _____ E-Mail (mandatory): _____ @ _____

Day Phone: _____ Other Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Gender: M F Grade: _____ Position: _____ School: _____ US Lacrosse # (mandatory): _____

How did you hear about us? _____

Emergency Procedures & Contacts

I certify that to the best of my knowledge attendee is physically able to participate in this event and that I know of no restrictions, physical impairments, or any other facts or circumstances which in any manner would limit his/her participation in this event. I authorize the use of emergency medical or surgical treatment and hospitalization for the attendee, if necessary, in the event the attendee requires such services while at the event. I understand that every reasonable attempt will be made to contact me or the individual designated below before any such medical services are provided:

Physicians Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Payment Information

\$ _____ Amount Check #: _____ (attach copy) Credit Card # _____ (Circle One): Visa MasterCard

Name on Card _____ CSV Security # _____ (back of card) Exp. Date ____/____/____

Billing Address if different from above: _____

Health and Medical History

If attendee should be restricted from any activity please describe: _____

Will attendee be taking any medication during the event please indicate name of medication and dosage? _____

Please describe any medical condition or history that would require special attention: _____

Has the attendee had any of the following? [Please circle for Yes]: German measles, Measles, Mumps, Asthma, Chicken Pox, Pneumonia, Diabetes, High Blood Pressure

Is the attendee up to date with all immunizations? **YES NO**

Does the attendee have any allergies? **YES NO** If yes, please provide any special instructions: _____

Does the attendee have any drug interactions? **YES NO** If yes, please provide any special instructions: _____

Medical Authorization:

I understand that the ("The Camp") will consist of physical activities, drills, and training, which may pose a risk of injury to the attendee, and I hereby knowingly and voluntarily assume on behalf of the attendee all risks and responsibilities for any such injury. I will be financially responsible for any medical attention needed by attendee during the event or resulting from any injury received at the event. My medical insurance shall be the primary medical insurance coverage for any medical treatment received by attendee. I represent and warrant that I have legal authority to sign this authorization on behalf of attendee. Insurance Carrier: _____ Policy #: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Waiver and Photo Release:

I understand that "The Camp" retains the right to use for publicity and advertising purposes, photographs of individuals participating in the camp and do hereby consent to the use of such photos for such purposes by "the Camp". **Initial:** _____

I understand that the this event is directed by Lacrosse Evolution and I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a lacrosse event. I agree on behalf of the attendee, myself, my heirs and personal representatives, to release and agree to indemnify and hold harmless Lacrosse Evolution, officers, directors, employees and agents of Lacrosse Evolution, The Camp and any Camp sponsors, coaches, volunteers, employees, agents, officers and directors of these organizations from any damages, costs, or liability for any injury, illness or otherwise related to attendee's participation in this event.

Signed By: _____ **Date:** _____

Relationship to Attendee: _____