EMERGENCY HEALTH FORM-PERMISSION FORM FRIAR LACROSSE CAMPS, LLC

__ Friar Elite __goalie/shooting __ PLASMA __Fall showcase __ Mini Camp

__ Program on the Rise – Providence, RI __ Program on the Rise – Portland, OR __ 2010 showcase

Camp Name – check one **If other – camp name here**

Last name First name Middle initial Age

Home phone Parent email address

Home address – street number and name

City State ZIP code

Mother's/guardian's daytime phone_____ Home phone_____ Cell Phone _____

Father's/guardian's daytime phone _____ Home phone_____ Cell Phone _____

MEDICAL TREATMENT AUTHORIZATION

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. Physical conditions that the clinician should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.):

_____. Date of most recent tetanus immunization: ____/____/____

(If more than ten years ago, a booster shot is recommended.) In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for **FRIAR LACROSSE CAMPS, LLC** to bring my child to the nearest emergency medical facility to perform any necessary emergency treatment. I am aware that the camp's medical insurance will cover only those costs that my own insurance does not cover.

PERMISSION TO PARTICIPATE

I individually and as the father/mother/or legal guardian, do hereby give my permission to my son to participate in the **Friar Lacrosse Camp** and use the facilities of **Providence College or any other site utilized by Friar Lacrosse Camps, LLC** in connection with the camp program. In consideration of your enrolling my son in the program, I agree to indemnify and hold harmless, **Providence College or any other site utilized by Friar Lacrosse Camps, LLC , Friar Lacrosse Camps, LLC** and **all officers, trustees, agents and employees** of above mentioned organizations from all claims, liability, loss and damage and expense which may in any way arise from my son's participation in any **Friar Lacrosse Camp operated program, clinic or camp,** including without limitation, all claims which my son, his parents/guardian may have for personal injuries to other persons which are caused by my son. To the best of my knowledge and belief, my son is of sound health and I know of no reason why he cannot participate in any of the programs offered by **Friar Lacrosse Camps, LLC**.

Name of emergency contact Phone

Name of family physician Phone

Parent's or guardian's name (please print)

Signature Date

Please indicate (if applicable) [_] HMO [_] PPO

Insurance company Insurance company address – street number and name

City State ZIP code

Policy subscriber's name Policy no. Group no.

PLEASE ATTACH PHOTO COPY OF INSURANCE CARD – FRONT AND BACK