Berkshire All-American Lacrosse Clinic

Participant Permission and Health Release Form

This form must be completed in **FULL,** including signature of Parent or Guardian, and **brought to check-in – on June 22nd, 2009. Athletes** will **NOT BE ALLOWED** to participate without both Participant Permission and Health Release Forms completed in full.

Participants Name: ________________________________Age: _____ Date of Birth: _______

Address: __________________________City: ____________State: ________ Zip: ________

Person to contact in case of an emergency (please list at least two names):

Emergency Contact Name: _______________________________Phone Number: _________________________________

Emergency Contact Name: _______________________________Phone Number: _________________________________

I, as parent/guardian of the above named participant, on behalf of the above named participant (or on behalf of myself for participants 18 years of age or older), (hereinafter, as applicable “Such participant”) do hereby give my permission to participate in The Berkshire All-American Lacrosse Clinic at Pine Cobble and Williams College, Williamstown Massachusetts. On behalf of such participant, I assume all risks and hazards incident to such participation, and hereby waive, release, absolve and agree to hold harmless; Williams College, its officers, trustees, employees, agents and related parties, Pine Cobble School, Inc. Williamstown Lacrosse Association/ The Berkshire All-American Clinic, its officers, trustees, employees, agents and related parties, for any and all claims arising out of any injury to such participant, including, without limitation, any claim for personal injuries resulting from or arising out of the negligence of the above mentioned parties in connection with participation in The Berkshire All-American Lacrosse Clinic. On behalf of such participant, I assume all responsibility and certify that such participant is in good physical health and is capable of participation in The Berkshire All-American Lacrosse Clinic at Pine Cobble and Williams College.

In addition, I authorize the staff of the camp to use their best judgment in allowing the participant to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action. **(PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT CAMP.)**

I, ____, give permission for ____
(PRINT - Parent or Guardian) **(PRINT - Name of Participant)**

to attend and participate in the ***The Berkshire County All-American Lacrosse Clinic - June 22nd-25th, 2009 in Williamstown, MA.***

Date Signed: ____________________ Signature: ____

Health Release Form - Part 1

I hereby:
1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. agree not to hold the staff responsible for any injury sustained during camp participation.
4. agree not to bring suit against Berkshire County Sports Clinics, The Berkshire All-American Lacrosse Clinic, Williams College and any officers, trustees, employees, agents and related parties, of the above mentioned parties for any injury sustained.
5. agree to allow the Camp Director(s) or Medical Supervisor to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. agree to accept any decisions made by the Camp Director(s) or Medical Supervisor in terminating attendance due to unacceptable behavior.

Insurance Carrier: ____

Policy Number: ____

Policy Holder's Name: ____

______________________________ ______________________________
(Signature of Parent or Guardian) **(Date)**

Health Release Form - Part 2

This form must be completed in **FULL,** including signature of the parent/guardian or physician, and **presented at check-in – DO NOT MAIL OR FAX THIS FORM IN.** A copy of a participant's school physical, including **IMMUNIZATION HISTORY** and a **DOCTOR'S SIGNATURE**, may be substituted in lieu of this form if the physical was performed within 12 months prior to the start date - June 22, 2009. Athletes will **NOT BE ALLOWED** to participate without both Participant Release Form and Health Release Forms completed in full. Please bring this form to check-in on the first day of camp - June 22, 2009.

Participants Name: ______________________________ Sex: __________ Age: ________
(First Name **(Last Name)**

Height: __________________ Weight: ________________

Medical History (please check for "yes")

☐ German Measles ☐ Measles ☐ Mumps ☐ Scarlet Fever ☐ Chicken Pox
☐ Diabetes ☐ Pneumonia ☐ Other: ______________________________________

Immunization History

	Mo./Yr.
Small Pox Vaccine	________
Diphtheria	________
Tetanus Toxoid	________
Polio Vaccine	________
Tuberculin Test	________
Measles	________

Allergy History

	Yes	No
Hay Fever	☐	☐
Asthma	☐	☐
Eczema	☐	☐
Hives	☐	☐
Insect Stings	☐	☐

Drug Reactions

	Yes	No
Sulpha	☐	☐
Penicillin	☐	☐
Antibiotic	☐	☐

Type: ____________________
____
____

Additional Information:

If medication will be taken during camp, indicate name of drug and dosage:

____

Please list any pertinent medical information we should have regarding past injuries, past medical history, or suggested physical limitations relating directly to the participant's ability to participate in the clinic for six or more hours per day:

____

(Attach additional sheets if necessary)

I certify the above-named individual is able to participate fully in the above-named activity, is in good health and fully understands that the physical nature of sport involves inherent risks and hazards of physical injury.

____ ____________________

(Signature of Participants Parent/Guardian or Physician) **(Date)**

______________________________ ________________ ______ ______

(Street Address) **(City)** **(State)** **(Zip)**