

Lazer Lax Emergency Form

Campers Name: _____ Age: _____ Date of birth: _____ Grade entering: _____

Address: _____ Town: _____ State: _____ Zip: _____

Parent/Guardian name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If Parent/Guardian is unavailable, please list an adult familiar with your child that we may call in case of emergency.

Name: _____ Relation (neighbor, friend): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Insurance company: _____ Policy #: _____

Player Physician: _____ Telephone: _____

Player Dentist: _____ Telephone: _____

Does your child have any allergies? Yes: _____ No: _____

If yes please explain: _____

Does your child have any medical conditions that we should be aware of? Yes: _____ No: _____

If yes please explain: _____

Will your child be taking any medication at home – prior to the camp day? Yes: _____ No: _____

If yes please explain: _____

Is your child on any medications that they will bring to camp? Yes: _____ No: _____

If yes please explain: _____

IMMUNIZATION RECORDS

Lazer Lax is very strict with regard to the physical status of each and every camper planning to attend our events. We require a current immunization record and a copy of each child's most recent physical exam (dated within 24 months of attending camp) on site – for every camper. In order for us to accept your child's application to Lazer Lax you must attach a current immunization record from your physician and a copy of your child's most recent physical exam (which must be dated within 24 months of attending camp)

RELEASE STATEMENT

I, the parent/guardian of , give permission for my child to receive emergency medical treatment and hospitalization, if necessary. I understand that every attempt will be made to contact me, or the named alternate contact above, before taking this action. By enrolling my child, I ensure that he is physically and mentally able to participate in all of the programs activities. I hereby waive and release Lazer Lax – its directors and staff from any liability for any injury or illness incurred while attending camp. I understand that there is a risk of injury to my child as a result of camp activities, and knowingly and voluntarily assume all risk of such injury. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signed (Parent/Guardian) _____ Date _____