



BOYS & GIRLS CLUB
OF HARNEY COUNTY

LACROSSE CAMP
DISCLAIMER OF LIABILITY

(No participation will be accepted without completing this form)

The Boys & Girls Club of Harney County Lacrosse Camp volunteers and its staff do not assume liability for any injuries incurred while at camp or on the way to camp. Parents or Guardians should contact their own insurance carrier to get additional insurance for the camper, if necessary. As a condition of enrollment, the following disclaimer of liability must be signed and dated by the camper's parent or guardian. The camper in attending this Lacrosse Camp does so at his or her own risk. The Boys & Girls Club of Harney County and its officers, agents, volunteers and staff shall not be liable for any damages arising from personal injury sustained by the camper while at or on the way to and from camp. The camper and his or her parents or guardians assume full responsibility for any damages or injuries which may occur to the camper during the session and so hereby full and forever exonerate and discharge Boys & Girls Club of Harney County, its officers, agents, volunteers and staff from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the camper's participation in the camp.

Camper Name: _____

Signature of Parent or Guardian: _____ Date _____

Lacrosse Camp
Friday August 8th
9am -3pm
Hines Park

Camp is for ALL boys & girls ages 6-18

**For more information about Lacrosse Camp please
call Andrew 573-7036 or Coach Roy 573-2711**



Camp Fee
\$15.00
Checks Made Payable to
Nadzi-Tsa-Ga Lacrosse Club

LACROSSE CAMP

EMERGENCY INFORMATION AND PHYSICAL EXAMINATION FORM

*** If camper will be arriving with someone other than parent, all information must be complete.*

NAME: _____ BIRTHDATE: __ -- __ -- __ AGE: _____

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

Parent's (Guardian) name: _____ Home phone: _____

Emergency phone for parents during day: Father: _____ Mother: _____

If parents cannot be contacted in an emergency, notify: _____ Phone: _____

Shirt Size (Circle One) Youth S M L XL Adult S M L XL

PLEASE NOTE ANY SPECIAL OR MEDICAL CONDITIONS (Allergies, Asthma, Etc.): _____

LIST ALL PREVIOUS HOSPITALIZATIONS: _____

LIST ANY MEDICATIONS CURRENTLY BEING TAKEN: _____

ARE ALL IMMUNIZATIONS UP TO DATE? Yes No Date of last tetanus: _____

IS THERE ANY REASON WHY PARTICIPATION SHOULD BE LIMITED IN ANY WAY?
 Yes No (If yes, explain) _____

I, the undersigned parent (guardian), do hereby authorize the athletic trainer or his designate at the Boys & Girls Club of Harney County Lacrosse Camp to secure any and all necessary medical treatment. I understand that the Boys & Girls Club of Harney County will attempt to contact the parent before treatment is initiated. If the Boys & Girls Club of Harney County cannot reach the parent, I authorize the attending physician to render any and all medical care which he/ she deems necessary.

Parent's Signature _____

Date _____