



Campers Name: _____ Birth Date: _____

Address: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell/Other Phone: _____

Emergency Contact (Other than Parent/Guardian): _____

Emergency Contact Phone: _____ Relationship: _____

Insurance Carrier: _____ Policy/Group Number: _____

Waiver/Release: AGREEMENT: In consideration to my child's participation in the activities with NJ Lacrosse Training, LLC.(NJLT), or any of their coaches, I acknowledge, agree to, and understand:

1. I am full 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 and personal training. I further agree on behalf of myself, my heirs, and personal representatives that NJLT, the host and any sponsors of NJLT lessons, along with the coaches, volunteers, employees, agents, officers, and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the lacrosse training or event 2. MEDICAL ATTENTION: I hereby give my consent to NJLT, its members and/or host organization and emergency medical services as warranted in the course of my participation in NJLT private lessons or other sanctioned events. NOTE: Your NJLT coach or Director will attempt to contact the guardian signed below in the event of any emergency situation. If the guardian is unable to be contacted, we will proceed with our best judgment. 3. READINESS TO COMPETE: I will only allow my son/daughter listed below to participate in activities for which I believe they are physically able and psychologically prepared to compete. 4. PHOTO/VIDEO RELEASE: I grant permission to NJLT, its employees and affiliates to take and use visual/audio images of my child for promotional media purposes. The images may be used in any manner or media without prior notification, such as, the NJLT website, publications promotions, broadcasts, advertisements, posters and social media uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them. I have read this release before signing, I understand its contents, meaning and impact and I freely accept the terms.

Accepted: _____
 Parent Signature Date

Personal History: All medical information is strictly confidential. Please provide the details of all positive answers under remarks

	YES	NO		YES	NO		YES	NO
Allergy to Any Medications:	<input type="checkbox"/>	<input type="checkbox"/>	Serious Reaction to Insect Bites:	<input type="checkbox"/>	<input type="checkbox"/>	Food Allergies:	<input type="checkbox"/>	<input type="checkbox"/>
Hay Fever, Hives, Season Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur or Heart Disorder:	<input type="checkbox"/>	<input type="checkbox"/>	Joint Injury:	<input type="checkbox"/>	<input type="checkbox"/>
Anemia including Sickle Cell:	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Stones:	<input type="checkbox"/>	<input type="checkbox"/>	Migraine:	<input type="checkbox"/>	<input type="checkbox"/>
Disabling Loss of Vision or Hearing:	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure:	<input type="checkbox"/>	<input type="checkbox"/>	Asthma:	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

List Any Medications your son/daughter uses on a regular basis. (Including amount and usage per day):