

WOLF LACROSSE CAMP

Permission and Emergency Form

Western Oregon University Lacrosse Team is affiliated by Western Oregon University in name only as a club sport. Western Oregon University is not sponsoring this clinic and therefore carries no liability for any injuries which may happen during the clinic.

Injury and Risk and Parent Permission

My child has permission to participate in the WOLF Lacrosse Camp. Lacrosse is inherently dangerous. Accidents can happen and risks of serious injury do exist. Your signature indicates that you have completed all of the information accurately, that you have been advised that there is a risk of injury that could occur. By signing this form, you give permission for your child to participate in the WOLF Camp and will hold coaches, officials, volunteers, parents, students, and all others associated with the WOLF clinic harmless for any and all costs, claims, awards, judgments, and/or attorney fees for damages arising out of or in any way resulting from or brought by voluntary participation in the WOLF Camp. You also agree to pay for all medical care and carry adequate medical insurance in order to participate in the WOLF Camp.

Are there any special considerations of your child we should be aware of _____

Medical Emergency Information

Allergies to medications or others: _____

Any other health or medical problems _____

Medications _____

Person to call in case of emergency: _____ phone # _____

Alternate _____ phone# _____

Family Doctor: _____ Phone: _____

We will attempt to call parents first please list others for emergency contact.

Medical Emergency Authorization

Name of Athlete _____

As a parent or legal guardian, I authorize a qualified physician to examine the above-named athlete and in the event of injury or sudden illness, to administer care and to arrange for any consultation he/she deems necessary to ensure proper care of any injury or illness. Every effort will be made to contact Parent/Guardian to explain the nature of the problem prior to any involved treatment.

I understand that I will assume full responsibility for payment of any services rendered.

Parent/ Guardian Signature: _____ **Date:** _____