

2009 Starsia Lacrosse Camp @ Graves Mountain Lodge

Medical Form and Agreement

CAMPER'S NAME \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency contacts and Phone #'s: \_\_\_\_\_

Please complete 1-6, with notes as necessary continued on back of form. Sign below. Include health insurance card copy

1. Date of last tetanus immunization \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Medical conditions currently under treatment No / Yes: \_\_\_\_\_
3. Preexisting injury currently under treatment No / Yes: \_\_\_\_\_
4. Allergies No / Yes: \_\_\_\_\_
5. Contact lenses or glasses No / Yes: \_\_\_\_\_
6. Medication(s) required to be taken during camp: \_\_\_\_\_

*Starsia Lacrosse Camp is sponsored and run by Coach Dom Starsia, the University of Virginia Lacrosse coach. However, Starsia Lacrosse Camp is not sponsored or run by the University, and Coach and Coach's assistants are not employees or agents of the University in their operating the camp.*

*Please read the following agreement carefully before signing. Although camp participation is encouraged, it is encouraged only if health and safety are considered.*

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including lacrosse camp, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his physical condition to the lacrosse camp coaches or assistants as soon as the problem begins.
2. By signing below, I certify the following:
  - **That my child is not currently under the care of a physician for an injury or illness that would prevent his safe participation in lacrosse camp;**
  - **That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his participation in lacrosse camp;**
  - **That my child has no history of fainting or other problems related to strenuous exercise; and**
  - **That my child is in good health and there is no reason he cannot safely participate in strenuous physical activity.**

CONSENTS:

1. By my signature below, I hereby give my permission for Starsia Lacrosse Camp and its employees and agents to obtain medical treatment for my child, \_\_\_\_\_, in the event of accident or illness during his presence at camp.
2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by Starsia Lacrosse Camp.

RELEASE:

1. In consideration for accepting my child into Starsia Lacrosse Camp, which uses University and/or Graves Mountain Lodge facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in camp

**\*\*\*\* I have included a copy of his insurance card\*\*\*\***

2. By my signature below, I also agree to release and promise not to sue the Commonwealth of Virginia, the University of Virginia, Graves Mountain Lodge, Starsia Lacrosse Camp, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in Starsia Lacrosse Camp, unless such damages, loss, injury or death are caused by willful and wanton conduct of such employees or agents.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_