

Dear Parent/Legal Guardian, In order for your child to attend Play Day, please bring this completed form to registration:

Thank you for your cooperation-- Adam Bokmeyer, Head Men's Lacrosse Coach

1. Parent/Guardian Permission and Hold Harmless Agreement

Camper's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent Name(s): \_\_\_\_\_ Phone #s: \_\_\_\_\_

I, the camper's parent/legal guardian, understand the nature of camp activities, certify that the camper is able to participate in the program, and grant permission for said participation. On behalf of myself, my child, and our assigns, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless St. Andrews University, its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Medical and Emergency Information In anticipation of my child's participation in the camp program, I certify that I have consulted with my child's physician and that my child has been medically cleared for camp-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that my child will not be allowed to participate in this program without medical insurance coverage as documented below.

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

List any & all medications: \_\_\_\_\_

Does your child need camp staff to store and/or dispense medication? YES NO

If yes, please provide specific instructions: \_\_\_\_\_

List any medical condition or history that would require special attention (e.g., medication or food allergies, asthma, diabetes, epilepsy); also, please provide treatment protocol (e.g., inhaler, EpiPen, insulin): \_\_\_\_\_

I give permission for my child to receive emergency treatment. I understand that every attempt will be made to contact me, or the emergency contact named below, before taking this action.

Primary Emergency Contact Name: \_\_\_\_\_

Primary Emergency Contact Phone # (include area code): \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Secondary Emergency Contact Phone # (include area code): \_\_\_\_\_

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

3. Persons Permitted to Retrieve Your Child from clinic: \_\_\_\_\_

Is there additional information that we need to know? (For example, if your child is named as a "protected person" in an order of protection or civil restraining order, you may inform us and provide us with a copy of the document: