

Medical Form

(Must be signed by physician prior to participation at camp)

Physician's statement:

I hereby certify that I have examined: _____
And have found her physically fit to attend and participate in the NoCar Girl's Lacrosse Camp.

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

Parental Permit

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such proceedings may be promptly carried out, and so that unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency without parents being contacted and fully informed.

I give my permission for such diagnostics, therapeutic and operative procedures as may be deemed necessary for my daughter.

I, the undersigned, hereby acknowledge and understand that the NoCar Lacrosse camp is a privately run sports camp, and is not operated by or through Davidson College. The camp is neither sponsored, controlled, nor supervised by Davidson College, but rather is under the sole sponsorship and supervision of the Camp Director, Kim Wayne.

I hereby state that the NoCar Lacrosse Camp is not responsible for any pre-existing injury or re-occurrence of any undisclosed pre-existing injury or illness of the above camper prior to the first day the camper registers, and the NoCar lacrosse camp will assume responsibility only for injuries incurred while the above camper is participating in camp activities under supervision during enrolled camping period. I understand that once a camper is enrolled in camp there will be no refunds given for sickness or injury.

Signed: _____

Relationship: _____ Date: _____

Camper's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

**** Fax back to 704.894.2556 Attn: Kim Wayne, or mail the form to: NoCar Lacrosse Camp, Davidson College, Baker Athletic Complex Box 7158, Davidson, NC 28035. ****