



SECTION I: (TO BE COMPLETED BY PARENT OR GUARDIAN)

Camper's Name: _____ DOB: _____

Camper's Cell Phone _____

Health Emergency Contacts:

Father: _____ Cell # _____ Day # _____ Eve # _____

Mother: _____ Cell # _____ Day # _____ Eve.# _____

Name of emergency contact (other than parent): _____

Day Tel. _____ Eve. Tel. _____ Cell# _____

INSURANCE

(Campers cannot be registered without providing complete insurance information).

Medical Insurance Co. Name: _____ Policy # _____ Insurance Phone: _____

Plan Name: _____ Plan ID: _____ Group# _____

Primary Subscriber _____ Policy ID: _____

Notes:

Allergies

MEDICATIONS:

In case of medical emergency, I hereby give permission to the New England Top 150 Lacrosse Camp Inc. Staff to hospitalize, to secure proper treatment for my child, as named above.

Date: _____ Parent/Guardian Signature: _____

Permission to Treat Form