

BISHOP DWENGER LACROSSE CAMP REGISTRATION

**Cost is \$45.00: Please make checks payable to Bishop Dwenger Lacrosse Club and send to
Bishop Dwenger Lacrosse C/O C.J. Steigmeyer, 5019 Exeter Drive, Fort Wayne, IN 46815**

(Please PRINT clearly)

Player Name: _____

Age: _____ Birth Date: _____ Grade in Fall 2018: _____

School in Fall 2018: _____

Player T-Shirt Size: S M L XL Youth or Adult (T-shirts will be delivered on last day of camp)

Parent Name: _____

Parent Email & Phone #: _____

Medical Information and Authorization to Treat

Parent/Guardian Name _____

Drug Allergies for Player Named above _____

Current Medications _____

Health Concerns (Asthma, prior injury, prior concussions, etc.) _____

Physician _____ Phone Number _____

Medical Insurance Carrier _____ Policy Number _____

Authorization for Medical Treatment – Minor or Adult Athlete

I (we) realize that our minor-aged child or myself as an adult athlete who is participating in athletic events in association with the Bishop Dwenger Lacrosse Club may become injured to a degree which would require medical attention. I (we) authorize the Bishop Dwenger Lacrosse Club or its agent to make decisions which shall be deemed reasonable and prudent in acquiring medical attention. In addition, I (we) authorize any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to my (our) child under the general or special license to practice medicine in the state which the event is being held. In such cases, the Bishop Dwenger Lacrosse Club or its agent shall make all attempts to contact myself (ourselves), the listed doctor, or alternative contact person for verbal authorization of treatment.

Signature(s) of Parent or Legal Guardian _____

OR

Signature of Athlete _____