

\_\_\_\_\_ Camper \_\_\_\_\_ Staff

**2-4-1 SPORTS WOMEN'S LACROSSE LEAGUE**  
**EMERGENCY MEDICAL FORM AND RELEASE**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

In case of emergency, attempt to contact the following people :

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number(s)</u>
1.	_____	_____	_____
2.	_____	_____	_____

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list **ALL** medical conditions which may ***in any way*** effect or limit the athlete's ability to participate, or which responding medical personnel may need to know in the event of an emergency. (i.e. – asthma or other respiratory conditions, history of seizures, dizziness, fainting, heart problems, all previous injuries or surgeries, etc.) \_\_\_\_\_  
\_\_\_\_\_

Please list **ALL** medications being taken by the athlete, and the medical condition for which she/he takes them: \_\_\_\_\_  
\_\_\_\_\_

Please list **ALL** allergies, including medicines, foods, insects and other environmental causes, and the symptoms they cause: \_\_\_\_\_  
\_\_\_\_\_

Please list **ALL** medications which will be provided for use at camp (i.e.- inhaler, epi-pen, etc.): \_\_\_\_\_

**\*\* Please bring clear written instructions for the use of any medications, and give them to our First Aid Director on the first day of camp.**

Primary Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND USE OF PHOTOS/VIDEO**

I give my permission for **x** \_\_\_\_\_ to participate in The 2-4-1 Sports Programs at Conard High School. I realize that athletic activities, such as those taking place at 2-4-1 Sports involve the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching and supervision, proper use of equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, such injuries can be so severe as to result in total disability, paralysis, or even death. I also give permission for use of my child's image at any/all 2-4-1 Sports Programs in photographs or video to be used for future promotional/marketing materials for 2-4-1 Sports. I hereby authorize you to take whatever action you deem necessary to provide for the health and welfare of my child, **x** \_\_\_\_\_, in case of an emergency.

**x** \_\_\_\_\_ **x** \_\_\_\_\_ **x** \_\_\_\_\_  
Athlete Or Parent or Guardian Name (Please Print) Athlete or Parent's or Guardian's Signature Date

**Please return this form to: 2-4-1 Sports, LLC, 249 Auburn Road, West Hartford, CT 06119**

**or scan to: crossover@241sports.com**