

**EMERGENCY HEALTH FORM** (Confidential)

**Z Camps, LLC**

Participant Last Name	Participant First Name	Middle Initial	
Home Phone	Participant E-mail Address	Parent/Guardian E-mail Address	
Home Address – street number and name	City	State	Zip Code
Club team & # (if applicable)	High School & #	YOG	DOB
Mother/Guardian’s Daytime Phone _____	Home Phone _____	Cell Phone _____	
Mother/Guardian’s Daytime Phone _____	Home Phone _____	Cell Phone _____	

**MEDICAL TREATMENT AUTHORIZATION**

I understand that the consent and authorization herein granted does not include major surgical procedures and we are valid only during camp. Physical conditions that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illness, etc.): \_\_\_\_\_. Date of most recent tetanus immunization: \_\_\_/\_\_\_/\_\_\_ (if more than ten years ago, a booster shot is recommended.) In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent to **Z Camps, LLC** to bring my child to the nearest emergency medical facility to perform any necessary emergency treatment. I am aware that the camp’s medical insurance will cover only those costs that my own insurance does not cover.

**PERMISSION TO PARTICIPATE**

I individually and as the father/mother/ or legal guardian, do hereby give my permission to my son to participate in the **College Prep Lacrosse Camp** and use the facilities of **Wesley College or any other venue in which a Z Camps, LLC event takes place**. In consideration of enrolling my son in the program, I agree to indemnify and hold harmless, **Wesley College or any venue which Z Camps, LLC event takes place, Z Camps LLC and all other officers, trustees, agents and employees** of above mentioned organizations from all claims, liability, loss and damage and expense which may in any way arise from my son’s participation in the **Z Camps, LLC** event, including without limitation, all claims my son, his parents/guardian may have for personal injuries to other persons which are caused by my son. To the best of my knowledge and belief, my son is of sound health and I know of no reason why he cannot participate in the program offered by **Z Camps, LLC**.

Name of Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Parent’s or Guardian’s Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Indicate (if applicable) [ ] HMO [ ] PPO**

Insurance Company Name and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Policy Subscriber’s Name \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**PLEASE ATTACH PHOTO COPY OF HEALTH INSURANCE CARD – FRONT AND BACK**

Note: this form with photo copy of insurance card is mandatory for participation in all Z CAMPS, LLC events  
Fax form and insurance photo copy to 302.736.2522 or mail to Z Camps, LLC / PO Box 5782 / Wilmington, DE 19808-0494