

VILLANOVA

Medical Information

Parent/Guardian Name: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Family Physician: _____

Phone: _____

Medical Insurance Co.: _____

Policy # _____ Group# _____

Policyholder's Name: _____

Allergies: _____

Recent Injuries: _____

Waiver

All campers must have their own medical coverage. Campers will not be allowed to play unless the above information is submitted and this form is signed by the parent/guardian of the camper. I hereby certify that my son is in good health and may participate in all camp activities. Furthermore, I hereby authorize the staff of Villanova Boys Lacrosse Summer Camp to act for me according to their best judgment in any emergency requiring liability for any injuries or illness incurred at camp.

I understand that the Villanova Boys Lacrosse Camp is neither administered, nor sponsored by Villanova University and that Michael Corrado is providing the camp outside the scope of his employment with the University. I agree to release, hold harmless, and indemnify Villanova University, its trustees, its officers, its employees, its agents, and Michael Corrado from any and all claims and liability arising out of the Villanova Boys Lacrosse Camp.

Parent/Guardian Signature _____

Date _____

Villanova
Boys Lacrosse Summer Camp
2012

Phone: 610-519-4146

Fax: 610-519-6884

Email: michael.corrado@villanova.edu



Villanova
Boys Lacrosse
Camp



LACROSSE

2012 Camp Dates

July 10-13, 2012

Overnight Camp
and
Commuter Camp

Junior Division Ages 11-14
Senior Division Ages 15-17

Villanova Boys Lacrosse Camp
Villanova University
800 Lancaster Avenue
Villanova, PA 19085

Villanova Boys Lacrosse Camp
Michael Corrado, Head Lacrosse Coach
800 Lancaster Avenue
Villanova, PA 19085

