

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY WAIVER & RELEASE:

Player Name:

I do hereby waive, release, and discharge NLSC LLC, Xavier University, and all respective staff and employees of said camp from any and all rights and claims for damages resulting from injuries to my person or property that may be sustained or suffered by my child in connection with, participation in, or arising out of traveling to or from NLSC Camps. We, the parents or guardians, agree to the above's participation in said camp including any emergency services or release of medical information, if necessary. I have read the and hereby accept the conditions described in this brochure.

Parent/Legal Guardian's Name:

Signature:

Day Telephone
Emergency Contact

Night Telephone:
Emergency Telephone:

CAMPER'S HEALTH FORM

To be completed and signed by camper's parents or legal guardian:

_____ Asthma _____ Diabetes _____ Heart Disease _____ RheumaticFever
_____ Bleeding Disorders _____ Convulsions/Seizures _____ Head Injury/Concussions

Allergies to Drugs:

Allergies to Foods:

Last Tetanus Immunization (date):

Current Medications:

Chronic or Recurring Illnesses:

Operations/Injuries (include dates):

Physical Restrictions*:

Physician Telephone

Dentist Telephone

Medical Insurance

PolicyNumber

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

This health history is correct to the best of my knowledge and my daughter/son has my permission to participate in camp activities with the exception of those noted above. I authorize Xavier University/NLSC to release medical information regarding the above-named participant to interested parties including parents and family physician.*

Parent or Legal Guardian Must Sign Here: