



**DATES: July 31<sup>st</sup> – August 3<sup>rd</sup> (Week #1)  
& August 7<sup>th</sup> – August 10<sup>th</sup> (Week #2)**  
**STUDENT/PARENT CONSENT AND  
REGISTRATION FORM**  
[www.lawrencesportsleadershipacademy.com](http://www.lawrencesportsleadershipacademy.com)

• **A medical form/physical within a year is required.**

• This form must be hand delivered to the LHS Athletic Department or mailed to Beyond Soccer @ 280 Merrimack St, Lawrence, MA prior to July 25, 2017, with the **\$15 registration fee (1 Week) or \$30 (2 Weeks)**.

Camper Name \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_  
 Camper Email \_\_\_\_\_ School \_\_\_\_\_  
 Sport – Week #1 (Monday, July 31<sup>st</sup> – August 3<sup>rd</sup>): \_\_\_\_\_ (Options: Soccer, tennis, basketball, field hockey, volleyball)  
 Sport – Week #2 (Monday, August 7<sup>th</sup> – August 3<sup>rd</sup>): \_\_\_\_\_ (Options: Soccer, tennis, basketball, field hockey, volleyball)  
 Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Insurance \_\_\_\_\_ Group/Policy # \_\_\_\_\_

In case of a medical emergency, LSLA staff, coaches and/or athletic trainer has our consent to apply first aid and secure ambulance service in case a parent or legal guardian cannot be reached. This authorization, *intended for emergency use only*, and includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a licensed physician, nurse or dentist for my child.

Allergies/Special Medical Needs: \_\_\_\_\_  
 Asthma (circle): **Yes No** (\*\*if your child has asthma, they must have their pump with them at all camp sessions in order to participate)

**HEAD INJURY INFORMATION**

Has camper ever experienced a traumatic head injury (a blow to the head) (circle): **Yes No**  
 If yes, when? Dates (month/year): \_\_\_\_\_  
 Has camper ever received medical attention for a head injury?  
 If yes, when? Dates (month/year): \_\_\_\_\_ If yes, please describe the circumstances: \_\_\_\_\_ (use back)  
 Was camper diagnosed with a concussion (circle)? **Yes No** If yes, duration of symptoms: \_\_\_\_\_  
 All LSLA staff have received concussion training-certifications. If you would like information and training regarding head injury, LSLA will provide the same upon request. There is no charge for said training and all training is available online.

**CAMPER QUESTIONS:**

Have you ever participated in a summer sports camp (circle): **Yes No** If yes, camp name: \_\_\_\_\_  
 Do you currently play any sports (circle): **Yes No** If yes, please list sports: \_\_\_\_\_

I hereby certify that my child is in normal health and capable of safe participation in youth sports programs. I understand and waive related liability claims for myself and/or my child and assume all customary risks and hazards incidental to the reasonable operation and conduct of this program.  
 I hereby give my consent for **LSLA and its related sponsoring organizations (EAP, Beyond Soccer and Lawrence High School)** to use my child's photograph and likeness in its publications, including its websites/newsletters, I release LSLA from any claim of violating privacy or confidentiality rights that I could assert for the above minor child and myself and attest that I am the parent or legal guardian of the child listed above.

\_\_\_\_\_  
 Signature of Parent or Legal Guardian                      Date                      Signature of Camper                      Date

**\*After meeting registration requirements, an email confirmation will be sent with more information about LSLA schedule, staff and inclement weather procedures. Email [info@lawrencesportsleadershipacademy.com](mailto:info@lawrencesportsleadershipacademy.com) with questions**