



DATES: August 5th – 9th 2019
STUDENT/PARENT CONSENT AND
REGISTRATION FORM

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 August 5th with the **\$20 registration fee.****

Camper Name _____ Sex ____ Date of Birth ____/____/____ Age ____ Grade ____
Camper Email _____ School _____
Sport(s) Pick 1 or 2: _____ (Options: Soccer, basketball, field hockey, volleyball, baseball, football, track, tennis)
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)
Any dietary restrictions (Please explain): _____

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 LSLA (circle): **Yes No**
Have you ever participated in a summer sports camp (circle): **Yes No**
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 coachmentor@beyondsoccerlawrence.org with questions.**