eCamps Inc. Summer Camp Health Record and Medical Release

Every camper must have this health record filled out and bring it with them to camp check-in. Camps held in CT, MA or NY require this form to be completed and signed by a physician before your child can participate at summer camp. An attached physician's signed physical dated within two years from the start of camp will suffice.

PLEASE DO NOT MAIL AHEAD.

Camper Name	Camp Attending				Immunization History (Please List Dates)	
DOB	Camper Name				Copy of Immunization Record Preferable.	
DOB Age Gender Polio OPV (Sabin) Booster Mcaslcs/Mumps/Rubella (MMR) #1 #2 #2 #3 Chickenpox Chickenpox Chickenpox Chickenpox Chickenpox Tetanas Turberculin Proumococcal Conjugate Haemophilus Influenza b (HIB) Proumococcal Conjugate Haemophilus Influenza b (HIB) Proumococcal Conjugate May participate in all camp activities May participate except for Haemophilus Influenza b (HIB) Parent's Authorization I warrant and represent to eCamps Inc - GameBreaker Lacrosse ("GBL") that I am the parent and/or guardian of the above-named participant and that I am authorized to execute this Consent and Release on behalf of my minor child. I hereby request you (GBL) and all of their respective owners, agents, employees, sponsors, representatives and sastonate of the sagreement, I hereby agree to release, hold harmless, and indemnify GBL, and all of their respective owners, agents, employees, sponsors, representatives and sastonated in playing the sport. I hereby gene to release, hold harmless, and indemnify GBL, and all of their respective owners, agents, employees, sponsors, representatives and sastonated by my child while participating in the Events, or in traveling to or from the Events. I acknowledge that I across contact sport, and understand that, although rare, there is a risk of serious injury or death associated in playing the sport. I hereby genemission to the coaches, training staff, and other medical proaces and I agree that I will be financially responsible for the cost of same. I understand that every attempt will be made to contact sport, and the excessary to my child with the appropriate equipment (stick, gloves, blowp ads, shoulder pads, mounting pad almely for the Events, and I agree that my child with the appropriate equipment (stick, gloves, chown goads, shoulder pads, mounting pad almel the for the cost of same. I understand that every attempt will be made to contact, port, and the every attempt will be made to contact sport, and the event and the same pade to the propriate equipment (stick, gloves, chown p	Camper Name				DPT Booster	
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