

AB3 LACROSSE EVENT INFORMATION:

Thank you for registering for an AB3 Lacrosse event. The following is general information we want to provide to you about our camps.

The week of your Camp/Event you will also receive an email that will list specifics for check-in and registration needs. For any and all camp related questions please contact ab3lacrossecamp@gmail.com

EQUIPMENT:

To all AB3 Events -please bring : Lacrosse stick ,Goggles, Mouth Guard, Shoes for turf/grass, Water bottle, Goalies must bring their own equipment. Please check the events registration page at <https://ab3lacrosse.com> for any other equipment requirements for your specific camp/clinic.

REGISTRATION LOCATION/PARKING:

Depending on the event registration location may be different. Location information will be sent out the week prior to all AB3 Events. Please check your email/website. For most of our events, we will be playing in the ECU athletics campus-Terry Holland Athletic Complex. Facilities include, Johnson Stadium as well as Football Practice fields. On weekends and after 5PM there is parking directly in front of the stadium in the in the Terry Holland Sports Complex parking lot. The easiest way to locate this facility is by plugging Clark LeClaire Stadium [Baseball Stadium] in to your maps apps/gps. The field we are playing on is Grass and is located inside the stadium. Parents are welcome to watch from the stands. During M-F prior to 5PM these lots are permit only and are subject to ticketing. Our recommendation during the week is to park across the street from the Terry Holland sports complex in Visitors – BELK Lot.

MEDICAL FORMS & WAIVERS:

Please make sure that you bring signed copies of the medical forms and waiver with you(3in total). They were included in your confirmation packet but can also be found online at <https://ab3lacrossecamp.com>

CAMP GEAR:

ECU Lacrosse gear will be sold at AB3 Events. Cash and Check Only. Checks can be made out to AB3 L.L.C.

Please share this email with your parents. If you have any questions please email or call ab3lacrossecamp@gmail.com. Please do not call our ECU emergency hotline or ECU Athletics as they will not be able to respond your questions about the Camp/Clinic.

We look forward to seeing you at camp.

Go PIRATES!

AB3 Lacrosse Camp Staff

-AB3 Lacrosse Camp Staff

PERTINENT MEDICAL INFORMATION
AND
CONSENT TO TREAT PARTICIPANT
(TO BE COMPLETED BY PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

Participant's Name: _____ Date of Birth: _____

Camp(s): _____

Has participant ever been diagnosed with, or have you ever been told that he/she has, sickle cell trait? (Please check appropriate box):

Yes

No

Please list any chronic medical conditions (asthma, diabetes, etc.) or other pertinent medical or psychological history of Participant:

Allergies: _____

Current Medications: (if your child is on any prescription or non-prescription medication that he/she will need to have administered by Camp personnel or if he/she will be self-administering any medication during Camp, you must complete and return the PERMISSION TO DISPENSE MEDICATIONS form)

Date of last tetanus booster: _____

I, the undersigned, hereby authorize such diagnostic, medical and/or surgical treatment of Participant as may be considered necessary or appropriate under the circumstances for the treatment of the Participant due to illness, accident, or emergency while participating in the Camp. I hereby give permission to the physician selected by the Camp staff to hospitalize, secure proper medical treatment, and/or take whatever medical actions are deemed necessary in the judgment of Camp staff. I agree to assume sole responsibility for any and all costs and expenses arising out of said treatment. I certify that the information provided above is a **complete and accurate** statement of the physical and psychological factors which may affect Participant's participation at Camp. I certify that Participant is physically and psychologically fit to participate in the Camp, with or without reasonable accommodation. If the Participant requires a reasonable accommodation to participate in the Camp, I will contact the Camp Owner prior to the start of Camp to request and/or make arrangements for such accommodation.

Camp Participant Signature: _____ Date: _____

Camp Participant Printed Name: _____

IF CAMP PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT(S) OR GUARDIAN(S) MUST ALSO SIGN:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

_____ Preferred Emergency Contact Phone Number

CAMP LIABILITY RELEASE, COVENANT NOT TO SUE, ASSUMPTION OF THE RISK, INDEMNITY AND HOLD HARMLESS AGREEMENT

This is a legally binding Camp Liability Release, Covenant Not to Sue, Assumption of the Risk, Indemnity and Hold Harmless Agreement ("Release") executed by _____ ("Camper") and (if Camper is less than eighteen (18) years of age) by Camper's Parent(s)/Guardian(s) for the benefit of _____ ("Camp") and East Carolina University.

In consideration of the Camper being permitted to participate in the Camp, Camper and Parent(s)/Guardian(s) do hereby release, forever discharge, covenant not to sue and agree to hold harmless and indemnify East Carolina University, the Camp, and their respective governing board members, officers, agents, employees, staff, related corporations and volunteers from and against any and all liability for any and all harm, injuries, damages, claims, demands, actions, causes of action, costs, attorney's fees and expenses of any nature, including, but not limited to, loss of consortium, physical and mental suffering, and death, arising out of or related to any loss, damage, or injury that may be sustained by Camper or by any property belonging to Camper or Parent(s)/Guardian(s) that results, directly or indirectly, from Camper's participation in the Camp.

Camper and Parent/Guardian sign this Release in full recognition and appreciation of the dangers, hazards and risks associated with participating in the Camp, which dangers, hazards and risks include, but are not limited to, heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs and teeth; and which could also include serious personal injuries, death or property damage. Camper and Parent(s)/Guardian(s) further attest that they have fully discussed and assessed the aforementioned dangers, hazards and risks and agree that they have individually, voluntarily and knowingly assumed the risks associated with participation in this Camp.

In signing this Release, Camper and Parent(s)/Guardian(s) acknowledge and represent that they have read and fully understand this Release before signing it, and that they are signing this Release as their own voluntary act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. Camper and Parent(s)/Guardian(s) further state that they are fully competent to sign this Release, and that they do so for full, adequate, and complete consideration, fully intending to bind themselves and their respective family members, estates, heirs, administrators, personal representatives, and assigns.

THIS IS A RELEASE OF LEGAL RIGHTS. CAUTION: READ BEFORE SIGNING.

Camper Signature: _____ **Date:** _____
Camper Printed Name: _____

IF CAMPER IS LESS THAN 18 YEARS OF AGE, PARENT(S) OR GUARDIAN(S) MUST ALSO SIGN:

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____
Parent/Guardian Printed Name: _____

ECU Athletics shall retain the original signed Release for no fewer than 12 years after signature

PERMISSION TO DISPENSE MEDICATIONS

***This form must be completed only if the camper is under the age of 18 and the camper must take medicine during camp.

Participant's Name: _____ Date of Birth: _____

Camp(s): _____

MEDICATIONS TO BE ADMINISTERED BY CAMP PERSONNEL

The Sports Camp's designated personnel will not dispense any medications non-prescription drugs (Advil, Tylenol, etc.) or prescription medications (antibiotics, insulin, inhalers, etc.) to any Participant until Form VII (Permission to Dispense Medications) has been completed by a parent or guardian. I the parent/guardian must give the medication directly to the camp director or designated staff member in individual dosage containers, original manufacturer's container or original prescription container on the first day of camp.

I, _____, the parent/guardian of the Participant, give permission to the camp staff to administer to my child:

Prescription Medication Name: _____

Dispensing Time: _____ Dosage: _____

Special Storage Instructions: _____

Prescription Medication Name: _____

Dispensing Time: _____ Dosage: _____

Special Storage Instructions: _____

Non-Prescription Medications:

Where Camp personnel administer non-prescription medications, the recommended dosage will be adhered to according to the instructions on the container or if not found there, based on manufacturer's instructions.

Ibuprofen (Advil) Yes No

Acetaminophen (Tylenol) Yes No

Allergies: Benadryl Yes No

Other non-prescription medications which may be administered: _____

MEDICATIONS TO BE ADMINISTERED BY PARTICIPANT

My child may possess and self-administer the following prescription and/or non-prescription medication(s):

PARENT OR GUARDIAN MUST SIGN HERE: I affirm that my child understands and agrees that he/she will use all medications only according to dosage instructions and he/she will not share or provide any medication to any other person, and that violation of this rule may result in disciplinary action, up to and including dismissal from camp.

Signature of Parent/Guardian

Date