

## Emergency Contact and Medical Information

Participant's Name	Date of Birth	M	F
Sex			
Parent's/Guardian's Name	Parent's/Guardian's Name		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
( )	( )	( )	( )
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

## Medical Information

Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to participate. I release For the Love Of Colorguard and individuals from liability in case of accident during activities related to the colorguard clinic, as long as normal safety procedures have been taken. I hereby accept the risk of injury as a result in participating in this activity and release JMU from any and all claims which I may have against it for loss or damage to property resulting in my participation from the activity.

Parent's/Guardian's Signature

Date

Participant Name (Printed)

Participant Signature

