

JUST FOR KICKS LLC

EMERGENCY MEDICAL FORM AND RELEASE

Name: _____ Date of Birth: _____
Address: _____ Town: _____ State: _____ Zip: _____
Parent Cell Phone: _____

In case of emergency, attempt to contact the following people **IN THE ORDER LISTED**:

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number(s)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Date of Last Tetanus Shot: _____

Please list ***ALL*** medical conditions which may ***in any way*** effect or limit the athlete's ability to participate, or which responding medical personnel may need to know in the event of an emergency. (i.e. – asthma or other respiratory conditions, history of seizures, dizziness, fainting, heart problems, all previous injuries or surgeries, etc.) _____

Please list ***ALL*** medications being taken by the athlete, and the medical condition for which she/he takes them: _____

Please list ***ALL*** allergies, including medicines, foods, insects and other environmental causes, and the symptoms they cause: _____

Primary Insurance Carrier: _____ Policy Number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND USE OF PHOTOS/VIDEO

I give my permission for _____ to participate in Just for Kicks LLC. I realize that athletic activities, such as those taking place at camp, involve the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching and supervision, proper use of equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, such injuries can be so severe as to result in total disability, paralysis, or even death. I also give permission for use of my child's image at the academy in photographs or video to be used for future promotional/marketing materials for Just for Kicks LLC.

I hold harmless and release Just for Kicks LLC, the Town of West Hartford and the West Hartford Board of Education from any liability related to my child's participation in camp. I hereby authorize you to take whatever action you deem necessary to provide for the health and welfare of my child in case of an emergency.

Parent or Guardian Name (**Please Print**)

Parent's or Guardian's Signature

Date

Please return this form to: Just for Kicks, 27 Linbrook Rd, West Hartford, CT 06107