



Medical Release

Tahoe Kids Fitness Adventures

Student Name _____ Age _____ Phone _____

Address _____ City _____ State _____ Zip code _____

Email _____ Add to contact list? YES NO

MEDICAL INFORMATION

Describe any known Allergies, Illnesses, Injuries or Disabilities or required special care:

Participant's Physician Name: _____ Phone: _____

INSURANCE INFORMATION

Insurance Company _____ Phone: _____

Policy Holder's Name _____

Policy Number _____ Group number: _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____

Cell phone _____ alternate phone _____

Emergency Contact 2 _____ Relationship _____

Cell phone _____ alternate phone _____

PARENTAL/GUARDIAN RELEASE

I hereby:

1. Give permission to the above named student to attend and participate Tahoe Kids Fitness activities
2. Give permission to staff to provide first aid or emergency treatment, necessary to participant's health. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by Tahoe Kids Fitness Adventures to notify the designated emergency contacts as soon as possible. If staff is unable to communicate with me, the treatment deemed necessary for participant's health and well-being may be given.
3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude participation in Tahoe Kids Fitness activities.
4. Agree to assume all risk arising from participation in Tahoe Kids Fitness activities, including but not limited to any activities that may present risk of bodily injury.
5. Agree to save, hold harmless, discharge and release Tahoe Kids Fitness from any and all liability, claims, causes of action, damages or demands in connection with student participation in Tahoe Kids Fitness activities.
6. Understand that any medical expenses for student's health and well-being will be the responsibility of the parent/guardian.
7. Certify that I am the student's parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above Parental Guardian Release and I understand the contents of this Parental Guardian Release, agree to its terms and conditions, and sign it of my own free act.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____