



National Gold Medal Winner

MIDDLE SCHOOL SPORTS PROGRAM MEDICAL FORM

**Please complete all information and print clearly.
Please read the last paragraph with the participant before signing.**

Participant Name _____ Age _____

Address _____
Street _____ City _____ Zip _____

Allergies, chronic illness, disability, medications, any specific conditions. Please be specific. _____

Does your child need specific considerations for health reasons? _____

In case of an accident or emergency, who should be notified?

Parent/Guardian _____ Primary # _____ Secondary # _____
Parent/Guardian _____ Primary # _____ Secondary # _____
Other _____ Primary # _____ Secondary # _____

If parent or guardian cannot be contacted, we the undersigned parent/guardian of the child identified above, hereby authorize officials of this program, including the City of Golden and Skyhawks Sports to contact emergency personnel or the following physicians of our selection. Following emergency treatment by the emergency personnel, and in the event neither of the physicians named can be contacted, or either of us are unavailable to give our express consent, we authorize the officials of City of Golden and Skyhawks Sports to contact any licensed physician or hospital. We authorize said physician or hospital, in what may be considered an emergency, to treat our child.

Physician (1st Choice) _____ Phone _____
Dentist (1st Choice) _____ Phone _____
Name of Insurance Policy _____ Policy Number _____
Preferred hospital for treatment if necessary _____

BEHAVIOR EXPECTATIONS: All participants will respect other people and their property, never endangering the welfare of another participant, leader or themselves. Parents will be contacted if the participant is involved in any hitting, kicking, physical or verbal abuse; uses inappropriate language; damages or steals property; is defiant towards authority; throws unauthorized objects; possesses or uses tobacco, alcohol or drugs; interferes with the rights or safety of others. Failure to behave in a courteous and respectful manner is cause for dismissal from the program with no refund.

Parent/Guardian signature Date Participant signature