

KJC Coaching LLC. Health Form (Page 1)

Sports activities are strenuous. participants should be healthy enough to withstand the physical rigors of the sport. You are advised to seek the professional opinion of a physician if there is any question the activity may compromise the health of the participant. The following information is required by healthcare providers should the Participant require emergency medical care.

Part I: to be completed by a Parent/Guardian:

NAME OF PARTICIPANT _____

ADDRESS _____ CITY _____ STATE _____

GUARDIAN'S NAME _____ CELL PHONE _____

GUARDIAN'S NAME _____ CELL PHONE _____

IF NOT AVAILABLE IN AN EMERGENCY, CONTACT _____

PHONE _____

SECONDARY EMERGENCY CONTACT _____

PHONE _____

Part II: Family Health Insurance Information

NAME OF INSURED _____

RELATIONSHIP TO PARTICIPANT _____

INSURANCE COMPANY _____

GROUP # _____

POLICY # _____

MEMBER ID # _____

Part III: Health of the Participant to be Completed by a Parent/Guardian

MEDICATIONS (CHECK ONE):

_____ THIS PARTICIPANT IS CURRENTLY NOT TAKING ANY MEDICATION(S) ON A ROUTINE BASIS

_____ THIS PARTICIPANT IS CURRENTLY TAKING THE FOLLOWING MEDICATION(S) (PLEASE ATTACH ADDITIONAL INFORMATION REGARDING EACH MEDICATION)

MEDICATION #1: _____ DOSAGE: _____

MEDICATION #2: _____ DOSAGE: _____

KJC Coaching LLC. is not qualified to administer medications to any participant. The participant should be capable of self-administering the medication(s) or schedule the dose for before arrival or after departure.

ALLERGIES (CHECK ONE)

_____ THIS PARTICIPANT IS NOT KNOWN TO HAVE ANY ALLERGIES

_____ THIS PARTICIPANT IS ALLERGIC TO THE FOLLOWING:

ALLERGY #1: _____

ALLERGY #2: _____

If you are allergic to bee stings, it is recommended you bring an EPI pen to camp. Part IV To be Signed by a Parent or Guardian I understand that I am responsible for any medical costs and related costs (medications, hospital bills, doctor visits, additional transportation and accommodations, etc.) for my child. i hereby give permission to the medical personnel selected by KJC Coaching LLC and its representatives, including but not limited to local emergency medical technicians, hospital physicians, and nurses, etc., to order X-Rays, perform routine tests, and medical treatment; To release any records necessary for insurance purposes; And to provide or arrange necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the treating physician at the health care facility selected by KJC Coaching LLC. to secure proper treatment for, to order injections and/or anesthesia, and/or surgery for my child named above. KJC Coaching LLC has my express permission to act in the place and instead of, and with the same authority as the parents/guardian on behalf of the participant throughout the duration of the activity. this completed form may be photocopied as needed. my signature affirms the information on this form is factually correct.

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date _____

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(please fill out/have a physician fill out to the best of your abilities)

NAME _____

BIRTH DATE _____

HOME PHONE _____

GRADE (IN SEPT.) _____

PHYSICIAN'S REPORT HEIGHT _____

WEIGHT _____

BLOOD PRESSURE _____

PATIENT IN GOOD HEALTH WITH FOLLOWING EXCEPTION(S):

ACTIVITY RESTRICTIONS (FOR ATHLETICS):

ALLERGIES:

MEDICATIONS:

NOTE SIGNIFICANT DISEASES/OPERATIONS:

IS PATIENT UNDER MEDICAL TREATMENT?

IS PATIENT IN COUNSELING OR THERAPY?

DOES PATIENT WEAR BRACES OR RETAINER?

IMMUNIZATION HISTORY (DATES) DPT SERIES: 1) _____ 2) _____

3) _____

BOOSTER _____ TRI-ORAL POLIO: 1) _____ 3) _____ 3)

BOOSTER _____ MMR _____

MMR BOOSTER _____ OR MEASLES _____ MUMPS _____ RUBELLA

_____ TB, PPD _____ HIB _____ HEP B 1)

_____ 2) _____ 3) _____

PHYSICIAN'S SIGNATURE AND STAMP

_____ DATE _____

KJC Coaching LLC. Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that i am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. i certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said Activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to KJC Coaching LLC. and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that KJC Coaching LLC. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL:

PARTICIPANT'S NAME (PRINT LEGIBLY) _____ **AGE** _____

PARTICIPANT'S SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE DATE (IF UNDER 18, PARENT/GUARDIAN MUST ALSO SIGN)