



Medical Information/Release Form

PARTICIPANT & PARENT INFORMATION

Participant Information

Participant Name _____
Date of Birth _____
Gender _____

Parent Information

Parent Name _____
Address _____
City, State, Zip _____
Phone _____

EMERGENCY CONTACT INFORMATION

Person to Contact 1st

Name _____
Relation to Participant _____
Phone #1 _____
Phone #2 _____

Backup Contact

Name _____
Relation to Participant _____
Phone #1 _____
Phone #2 _____

MEDICAL CONTACT INFORMATION

Doctor

Doctor Name _____
Doctor Phone _____
Preferred Hospital _____

Dentist

Dentist Name _____
Dentist Phone _____

INSURANCE INFORMATION

The above-name participant is covered by health insurance Yes* No**

* If no, initial this line stating that you do not have health insurance and are aware that Sandia Golf Club does not carry any health insurance for you. _____

*If yes, please provide the following information which is required by Sandia Golf Club to expedite treatment and to facilitate the billing process:

Policy Holder's Name _____
Policy Holder's Address _____
Policy Holder's D.O.B. _____
Employer's Address _____
Insurance Company _____

Relation to Participant _____
City, State, Zip _____
Employer _____
City, State, Zip _____
Group # _____



Policy # _____ Phone Number _____

PARTICIPANT HEALTH INFORMATION

Does the child have any of the following conditions or a history of any of? (Check all that apply)

- Asthma, Bronchitis, Fainting Spells, Diabetes, Ear Infections, Heart/Cardiovascular Problems, Convulsions/Seizures, Hay Fever, Chronic Bone, Muscle or Joint Injuries, Migraine Headaches, Other Conditions (please list): _____

Allergies or reactions: (check all that apply)

- Peanuts, Gluten, Dairy, Penicillin, Insect bites or stings, Ivy/oak/sumac toxins, Dairy, Other (list): _____

Is your child currently on any prescribed or over-the counter medication? If so, please record the condition/ailment, name of medication, dosage, time(s) of day, and prescribing physician.

BEHAVIOR EXPECTATIONS – TO BE READ AND SIGNED BY PARTIIPANT

It is important to follow the directions of the adult leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for everyone through their behavior and conduct. I also understand the danger of not following rules and directions and agree to follow them.

Participant Signature _____

Date _____

TO BE READ AND SIGNED BY PARTENT OR GUARDIAN

I understand that my child must be healthy and reasonably fit in order to safely participate in Sandia Golf Club activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

MEDICAL EMERGENCY PARENTAL PERMISSION

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the Sandia Golf Club staff or volunteer to provide routine first aid and seek emergency treatment including xrays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the Sandia Golf Club staff or volunteer to secure and administer treatment for my child, including hospitalization.

_____initial _____date

PUBLICITY/IMAGE/VOICE PERMISSION

Sandia Golf Club activities normally take photographs, video, and/or tape recording of our programs. During activities,



a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your initial below will be considered permission for Sandia Golf Club to photograph, film, audio/video tape, record and/or televise your image and/or voice or the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

_____ initial _____ date

ASSUMPTION OF RISK AND RELEASE OF LIABILITY (*Please read carefully.*)

I give permission for the above listed participant to participate in the Sandia Golf Club program. I understand that Sandia Golf Club activities/events may involve certain risks of physical activity and possible injury and that Sandia Golf Club will provide each participant with reasonable care, but that Sandia Golf Club cannot guarantee that my child will remain free of injury. In addition, some Sandia Golf Club activities, including but not limited to: other sporting activities have a moderate degree of risk. I nonetheless wish to have my child participate in the Sandia Golf Club program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the Sandia Golf Club, Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the Sandia Golf Club program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent Signature

Date