



Emergency Medical Release

Participant's Name _____ Birthdate _____

Participant email _____ **Used to create an athlete profile for injury prevention in Fusionetics.*

Age _____ Gender _____ Current Team _____

Street Address _____ City _____ Zip _____

Training Goals _____

PARENT/ GUARDIAN INFORMATION

Father's Name _____ Home Phone (____) _____ Cell (____) _____

Mother's Name _____ Home Phone (____) _____ Cell (____) _____

Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (____) _____ Cell (____) _____

Name _____ Home Phone (____) _____ Cell (____) _____

Email Address(es) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Bus Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.

