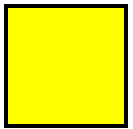


Patriot Dive Club

2008 – 09 Season

Last
Name
Initial
Here



Medical Insurance Information & Medical Release Form – Tab through the fields to complete all information. Print the completed page then sign/initial in all applicable areas and drop in the mail with registration form and check.

Last name _____ First name _____ Age _____ School year _____
Date of Birth _____ Sex _____ Diver email _____ Diver cell _____
Home ph _____ Best phone number _____ Best email _____
Mom's last _____ Mom's first _____ Dad's last _____ Dad's first _____
Mom's email _____ Mom's cell _____ Mom's work ph _____
Dad's email _____ Dad's cell _____ Dad's work ph _____
Mailing Address _____ City _____ St _____ Zip _____
Emergency Contact (1) _____ Relation _____ Ph _____
Emergency Contact (2) _____ Relation _____ Ph _____

Health Insurance Information

Health Insurance Company Name _____ Policy Number _____
Group _____ Company Address _____

Medical Information

Physicians Name _____ Phone _____
Does the participant have any known medical conditions that may prevent or restrict complete training participation? NO YES
Please list _____
Does the participant have any known allergies or adverse reactions to certain medications? NO YES
Please list _____
Is the participant currently taking any medications for any reason, either prescription or non-prescription? NO YES
Please list _____

Each participant in the Patriot Dive Club is required to have health/accident insurance coverage.

Participation in the Patriot Dive Club may subject each participant to a variety of training techniques which may include: warm-ups, stretching, strength training, conditioning, motor skill development, mental training, agility exercises, endurance exercises, team and individual games, swimming, jogging, running, jumping, bouncing, and/or any other activity that could be used to enhance performance as related to sports training. It is assumed that all participants are in good physical condition and that a physician's approval has been granted for participation in all related activities. To the best of my knowledge, there are no physical or other conditions, which will interfere with participation in any of the above activities, or other related activities.

_____ (initial)

I agree to have emergency first aid administered in the event of an accident or injury during participation with the Patriot Dive Club. Further, to permit all necessary medical attention to be administered in the event that emergency contacts are not available. _____ (initial)

Any and all medications (prescription and non-prescription), which are required to be taken on a regular basis and/or to be taken during participation with the Patriot Dive Club, must be stored in the original pharmacy labeled containers with safety caps. Only the prescribed amount shall be brought to the venue of practice, competition or participation. I agree to abide by this medication policy. _____ (initial)

I have fully read and understand this informational package:

Participant Signature (if 18 years of age or over): _____ Date _____

Parent/Guardian Signature (if participant is under 18 years of age): _____ Date _____