

2-4-1 SPORTS

EMERGENCY MEDICAL FORM AND RELEASE

Name: _____ Date of Birth: _____

Address: _____ Town: _____ State: _____ Zip: _____

Parent Cell Phone: _____

In case of emergency, attempt to contact the following people **IN THE ORDER LISTED:**

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number(s)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Date of Last Tetanus Shot: _____

Please list **ALL** medical conditions which may ***in any way*** effect or limit the athlete's ability to participate, or which responding medical personnel may need to know in the event of an emergency. (i.e. – asthma or other respiratory conditions, history of seizures, dizziness, fainting, heart problems, all previous injuries or surgeries, etc.) _____

Please list **ALL** medications being taken by the athlete, and the medical condition for which she/he takes them: _____

Please list **ALL** allergies, including medicines, foods, insects and other environmental causes, and the symptoms they cause: _____

Please list **ALL** medications which will be provided for use at camp (i.e.- inhaler, epi-pen, etc.): _____

**** Please bring clear written instructions for the use of any medications, and give them to our trainer on the first day of camp.**

Primary Insurance Carrier: _____ Policy Number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND USE OF PHOTOS/VIDEO

I give my permission for _____ to participate in The 2-4-1 Sports Camp, offered through the Town of Monroe. I realize that athletic activities, such as those taking place at camp, involve the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching and supervision, proper use of equipment, and strict observance of rules, injuries are still a possibility. On rare occasions, such injuries can be so severe as to result in total disability, paralysis, or even death. I also give permission for use of my child's image at the academy in photographs or video to be used for future promotional/marketing materials for 2-4-1 Sports.

I hold harmless and release 2-4-1 Sports, the Town of Monroe and the Monroe Board of Education from any liability related to my child's participation in camp. I hereby authorize you to take whatever action you deem necessary to provide for the health and welfare of my child in case of an emergency.

Parent or Guardian Name (**Please Print**)

Parent's or Guardian's Signature

Date

Please return this form to: 2-4-1 Sports, 249 Auburn Road, West Hartford, CT 06119