

Tiny Tots and Non-Slet Participants

SLOVAK CATHOLIC SOKOL EMERGENCY INFORMATION FORM

Participant Name _____

Address _____

(City, State, Zip) _____

Home Phone () _____ Cell Phone () _____

Date of Birth _____

EMERGENCY CONTACT

Name _____

Address _____

(City, State, Zip) _____

Home Phone () _____ Cell Phone () _____

Relationship _____

MEDICAL INFORMATION

Are you being treated for a medical condition? (If yes, please indicate what) _____

Have you had any serious illness? (If yes, please indicate what) _____

Are you currently taking any medication? (If yes, please indicate what) _____

Do you have any allergies or allergies to medication (If yes, please indicate what) _____

Date of last Tetanus Booster _____

Family Physician or Medical Group _____

Address _____

(City, State, Zip) _____

Phone () _____

Date _____ Participant Signature _____

Parent/Guardian Signature (if participant is under 18) _____

PLEASE TURN PAGE OVER AND COMPLETE CONSENT AND RELEASE

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SLOVAK CATHOLIC SOKOL CONSENT AND RELEASE

In consideration of the benefits to be gained by participating in the Slovak Catholic Sokol Gymnastic Program, I hereby release, forever discharge, and hold harmless, the Slovak Catholic Sokol, its Officers, Assemblies and Wreaths and anyone else connected with the Sokol Organization from any and all rights and claims for damages which I may have or which may hereafter occur to me arising out of the participation in the gymnastics program for the 2010-2011 program.

PARTICIPANT NAME _____

PARTICIPANT'S SIGNATURE _____

PARENT'S SIGNATURE (if under 18) _____

ADDRESS _____

MEDICAL INSURANCE PROVIDER _____

SUBSCRIBER'S NAME _____

POLICY NO. _____ GROUP NO. _____

TYPE OF INSURANCE (Check if applicable) Hospital () Surgical ()

**AUTHORIZATION FOR OPERATION, ANESTHETIC
X-RAYS AND TREATMENT**

I HEREBY AGREE TO THE PERFORMANCE OF SUCH OPERATION(S), ANESTHETIC(S), X-RAY(S), OR TREATMENT THAT, IN THE OPINION OF THE ATTENDING PHYSICIAN, IS DEEMED NECESSARY ON:

Name _____
(Participant's Name)

Address: _____

Signature _____
(Signature of Participant or Parent/Guardian if under 18)

Date _____ Witness _____

Group Physical Director/Directress _____
(Signature)