

Medical Information Sheet

Name: _____ Date of Birth: _____

School of Student: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parent's Names: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Emergency Contact Person & Phone – Please list two other than parents:

#1 Name: _____ #1 Phone: _____

#2 Name: _____ #2 Phone: _____

Any health problems, illnesses, and/or allergies:

Current Medications: _____

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Preferred Hospital Name: _____ Hospital Phone: _____

I give my permissions for my child _____ to participate in the Jumpin' Jaguars jump rope program that includes the Cubs, the Warren County Public Schools demo team, performance team, and the Jumpin' Jaguars of Kentucky competitive team. I recognize that although the coaches/instructors will take all reasonable precautions to protect the health and safety of my child, I accept the risk of injury that goes with such an organized athletic activity. I hereby release all persons associated with the Jumpin' Jaguars jump rope team and the Warren County Public Schools system of and from all claims or causes of action arising from injury to the participant, resulting from participation, whether such injury is the result of negligence or of some other cause. If medical attention is required for injury or illness while at practice, competitions, or exhibitions, I give my permission for such medical care and I will be financially responsible.

I am fully aware that my child is involved in an activity that could possibly result in an accident and/or personal injury to him/her. I understand that the activities of this team include jumping rope and gymnastics stunts which could be potentially dangerous. I also understand that the coaches are extremely prudent in their expectations of each child and that proper instruction is given to and limitations are set for each child according to their abilities. I further understand that these rules are explicitly adhered to by the coaches. I realize that for some functions, team parents are transporting my child in their personal cars; and I have the right to transport my own child to team functions in lieu of them riding with another individual, and I agree to inform the coach of such a decision on my part.

Parent Signature: _____ Date: _____

Witness Signature: _____ Date: _____

***** PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD *****