

# ADRIAN COLLEGE MEDICAL AUTHORIZATION

## PERSONAL INFORMATION

Please print the following:

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: Male Female

Home Address:  
(No. Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

Family Physician: (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_

**Medical authorization:** In an emergency, I hereby give permission for my child to be examined by the Adrian College athletic trainer. I also give permission to the licensed physicians selected by the skating director, to hospitalize, secure proper treatment, anesthesia, or surgery for my child in an emergency. I also give permission to advise the hospital of our insurance at the time of any treatment.

Health Insurance Co. \_\_\_\_\_

Phone Number for insurance company: \_\_\_\_\_

Contract ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Please be aware that my child has the following allergies (or health conditions):**

\_\_\_\_\_.

**Disclaimer of liability:** Adrian College and its staff do not assume liability for any injuries incurred while at recruitment or on the way to or from recruitment. Parents should contact their own insurance carrier to get additional insurance for the skater if necessary. As a condition of enrollment, the following disclaimer of liability must be signed and dated by the skater's parents. The skater, in attending any Adrian College recruitment event/audition/camp and in using any of our facilities, does so at his/her own risk. Adrian College and its staff, shall not be liable for any damages arising from personal injuries sustained by the skater during the clinic or at the facilities. The skater and his/her parents assume full responsibility for any damages or injuries which may occur to the skater during clinic session and so hereby fully and forever exonerate and discharge Adrian College, its staff, its Board of Trustees, employees and agents, from any and all claims, demands, rights of actions or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the skater's participation in the clinic session and in the use of the facilities.

**Medical information:** as a condition of participation in Adrian College Camps each participant must have had a physical checkup by a certified physician with the last calendar year. My child has had a physical within the last year and has been declared healthy and able to participate in clinic activities. By signing below we agree to the above Medical authorization, disclaimer of liability, and medical information statements.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of participant (if 18+) \_\_\_\_\_ Date \_\_\_\_\_

