

Health/Registration Form

Name of Event: _____ Date of event: _____ to _____

Legal Name: _____ Birth date: _____

Home address: _____ Phone: (____) _____
street

_____ city _____ state _____ zip

Parent's or Guardian's name: _____

Home address: _____ Phone: (____) _____
(if different from child's) street

_____ Cell Phone: _____
city _____ state _____ zip

Place of employment: _____ Phone: (____) _____

If neither parent or guardian can be located, in case of emergency call: _____
(include name and phone number)

Persons designated to take child from event: _____
(include name, address and phone if not listed above)

Persons not permitted to take child from event: _____

List communicable diseases and past history of serious lacerations, injuries and illnesses: _____

List any known allergies and drug reactions: _____

List any prescriptive or non-prescriptive medications which youth must take:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Prescribing Physician</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special diets youth must follow:

<i>Description of diet</i>	<i>Prescribing physician</i>
_____	_____
_____	_____
_____	_____

Youth must have had a physical examination within the preceding 24 months by a licensed physician or a licensed nurse practitioner. The event has the right to refuse admission of a youth who does not have an examination verification.

Date of last physical examination: _____

Physician's Name: _____ Phone: _____

Attach Colorado Certificate of Immunization or complete the following:

<i>Vaccine</i>	<i>Month and year each immunization was given</i>
Diphtheria-Tetanus-Pertussis (DTP or baby shots)	_____
OR Tetanus-Diphtheria (TD)	_____
Polio	_____
Measles (hard, red)	_____
Rubella (German measles)	_____
Mumps	_____
Other	_____

Authorization to participate or exclude participation in event activities: I give permission for my child to participate in all event activities with the following exceptions:

Authorization for medical care: I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: _____ Policy #: _____

Subscriber Name and address: _____

Parent's or Guardian's signature: _____ Date: _____

