

Zero G Elite Pole Vault Medical Information

Athlete's Name: _____ AAU#: _____

Date of Birth: _____ Age _____ Gender M F School Attending _____

Current Address: _____

Mother/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father/Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Information

Emergency Contact(Must be 18 or older) _____

Relationship to parents: _____ Home Phone: _____

Cell Phone: _____ Work Phone _____

Drug allergies: _____ Other Allergies: _____

Current Medications: _____

Current Medical Conditions: _____

Primary Health Insurance Co.: _____ Policy Number _____

Parent/Guardian's Permit

I hereby give my consent for the above named student to compete in the Zero G Elite Pole Vault Club. I understand that even though all protective measures are taken that the possibility of an accident still remains in the pole vault. I also understand that Zero G Elite Pole Vault assumes no responsibility in case an accident occurs. I agree that my child will abide by all rules set forth by Zero G elite Pole Vault, and will follow all safety and warm up procedures as establish by the club. If, in the judgment of any representative of Zero G Elite Pole Vault, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may given to said student by any physician, athletic trainer, nurse, or Zero G representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person whomsoever on account of such care and treatment of said student. Your signature below gives authorization that is necessary for Zero G and its representatives to share information concerning medical diagnosis and treatment for your athlete. Parent

Signature: _____ Date: _____