

# Bob Morgan's Athletics Health Record Basketball 2010

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birth date \_\_\_\_\_

Siblings attending program (+ birth date) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Orthodontist/Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

- Is your child taking any medication? \_\_\_\_\_
- Does your child have any physical limitations? \_\_\_\_\_
- Does your child have any behavioral problems? \_\_\_\_\_
- Is there anything we should know about your child's physical, emotional or social behavior or needs?  
(expand on back of form if necessary) \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_ Phone: H \_\_\_\_\_ Wk \_\_\_\_\_ Cl \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_ Phone: H \_\_\_\_\_ Wk \_\_\_\_\_ Cl \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Phone: H \_\_\_\_\_ Wk \_\_\_\_\_ Cl \_\_\_\_\_

## Please review carefully before signing:

- ❖ All information on this form is correct and complete to the best of my knowledge.
- ❖ As legal guardian of this child, I give my permission for him/ her to attend this BMA program and to take part in all activities and to be transported as necessary for program activities.
- ❖ I understand that my child is expected to follow instructions, including but not limited to instruction on techniques and restrictions on potentially dangerous behaviors.
- ❖ I understand that, if my child is dismissed for behavioral problems, no refund will be given.
- ❖ I give permission for a physician selected by the director to treat my child.
- ❖ BMA has my permission to use photographs taken during the program for publicity purposes.
- ❖ I understand that the basketball schedules with my child(ren)'s name are downloaded to the BMA website. I may choose not to have my child(ren)'s name on the schedule. It is my responsibility to alert the BMA staff of my decision prior to the publication of the schedule.
- ❖ I know that every reasonable and customary precaution will be taken to assure safety for all. I waive all claims in the event of accident or injury, absolving BMA, Exerfit, Family Christian Academy, and all individuals thereof from responsibility.
- ❖ If I bring legal action against BMA, Exerfit, Family Christian Academy or their employees, and those parties are found not to be at fault, I agree to pay any legal costs or other costs incurred by the defendants to defend against such action.

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_