

EMN Contact Information Form

Athlete Emergency Contact Information and Release

Athlete Name: _____ **Date of Birth:** _____
Home Address: _____

Phone #: _____ **Gender:** _____ **Age:** _____
Email: _____

Parent/Guardian Contact Information (include location during camp session)

Parent/Guardian 1: Name: _____
Address: _____
Home Phone#: _____ **Cell #:** _____
Location/phone# during camp: _____

Parent/Guardian 2: Name: _____
Address: _____
Home Phone#: _____ **Cell #:** _____
Location/phone# during camp: _____

Emergency Contacts

Name: _____ **Relationship:** _____
Phone #: _____

Name: _____ **Relationship:** _____
Phone #: _____

Family Health Insurance Company Name, Address, and Policy #: _____

Family Physician Name and Phone #: _____

Family Dentist Name and Phone #: _____

CONSENT FOR MEDICAL TREATMENT FOR A MINOR (one form per child)

As parent or legal guardian I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of my dependent. "I understand that the directors and coaches of Eastern Massachusetts Nordic (EMN) or anyone associated with the sites EMN runs activities at, their trustees, agents and officers, will not assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health, and able to participate in the physical activity of a vigorous program. I hereby authorize the EMN directors to act for me according to their best judgment in any emergency requiring medical attention in the event that I and my emergency contacts cannot be reached. I will hold harmless EMN, and any other site used by EMN, their trustees, agents and officers, of any and all liability actions, causes of action, claims and demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in any of their activities."

MEDICAL: I certify that no significant health problems have occurred since last exam on _____.

Parent or Guardian Signature: _____ **Date:** _____