

# IGNITE ATHLETE DEVELOPMENT PROGRAM MEDICAL & CONSENT FORM



ATHLETE NAME (first and last): \_\_\_\_\_

## Program Consent:

By signing below, I am giving consent that my child may participate in PacificSport IGNITE Athlete Development Program. In consideration of my child's participation in this program, I, and our heirs and assigns, hereby forever release, discharge and hold harmless the PacificSport directors, officers, employees, coaches, representatives, agents, and volunteers from any liability for an injury, loss or damage sustained by our child, howsoever caused, arising out of or in connection with our child's participation in the above mentioned program.

## Emergency Treatment:

In the case of illness or accident of my child, and I cannot be reached by phone, I hereby authorize PacificSport's IGNITE program staff to send for or seek medical assistance. I agree that in the case of an EMERGENCY, PacificSport's program staff may call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent or guardian.

This waiver and all information included on the attached forms which includes medical and contact information will be valid until March 31, 2012. It is my responsibility to inform PacificSport in writing with any changes to this information during the 3 month term (January 1, 2012 to March 31, 2012).

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

## MEDICAL INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (Please Circle): **M** / **F**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birthday (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Care Card #: \_\_\_\_\_

### Parent or Guardian Information

Name: \_\_\_\_\_ Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

### Physician Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

---

### Medical Information

Allergies (drug/food/other) (*Please Specify*)

---

---

Please list any medical conditions or other concerns (include any information regarding conditions that could inhibit or impact your child's participation in program activities). In addition, please specify if your child is currently taking any medications.

---

---

---

I \_\_\_\_\_ certify that all of the above information is current and correct.  
(Parent or Guardian)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date