



Participant's Medical Information Form:

Name: _____	Date of Birth: _____
Address: _____	Age: _____
City: _____	Postal Code: _____
Phone #: _____	Health Card: _____

Contacts' Information

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
email: _____	Email: _____
Alternate Contact Name: _____	Phone#: _____

Medical History Information

Please provide details for all that apply below:

Allergies: _____	High Blood Pressure: _____
Asthma: _____ Puffer Y N	EpiPen: _____
Convulsions: _____	Recurring sore throat _____
Current Medications: _____	
Diabetes: _____	Pre-existing injury being treated: _____
Migraines: _____	Medical conditions under treatment: _____
Heart Trouble: _____	Contact Lenses: _____
Epilepsy/fainting Spells: _____	Other: _____
Daily medication schedule: _____	

I hereby grant permission to licensed hospitals and/or health care staff members to administer immediate medical treatment as deemed necessary to me/my child should I/she/he be injured during a Brampton Acro Roper event at which I/she/he is participating.

Further, I understand that I am responsible for payment of expenses incurred relating to my own/my daughter/son's medical treatment.

Parent/Guardian Signature: _____

Date: _____

Participant Signature: _____

Date: _____

SIGNATURE PAGE
Waiver and Release Form

I do hereby acknowledge that I intend to participate in one or more athletic endeavors while a member of the Brampton Acro Ropers, from here on known as BAR. I also acknowledge that I will be doing so of my own free will.

I, as parent/guardian of the above, acknowledge my child's desire to participate in the practices, workshops, demonstrations and competitions hosted and /or attended by BAR. We understand that participation in athletic endeavors entails the risk of injury to the participants. We accept this risk regardless of the nature of the injury and/or the athletic endeavor in which they will participate. We acknowledge that the term "athletic endeavor" as used herein includes any skipping and skipping performance activity, choreography, jumps, and gymnastic activities of any kind.

We also waive and absolve BAR, the coaches, advisors, sponsors, parent volunteers, or other volunteers, the staff and/or volunteers of any of the venues in which we practice or perform, or any one or more of them or their executors, administrators, heirs, next of kin, successors or assigns, of and from any and all liability and responsibility for injuries, sickness, accidents, and/or natural occurrences during participation by myself/my child in practices, workshops, demonstrations, competitions and any other skipping related activity.

We understand that each participant is responsible for his or her own personal health, medical, dental, chiropractic, and accident insurance coverage. We, intending to be legally bound, do hereby, my heirs, executor, and administration, waive, release, and forever discharge any and all rights and claims for damage which I may have or may hereafter accrue to me/my child against BAR, the coaches, advisors, sponsors, parent volunteers, or other volunteers, the staff and/or volunteers of any of the venues in which we practice or perform, for any damages which may be sustained or suffered by me/my child in connection with my association with or participation in, or rising out of travel to and/or return from any skipping related site or activity affiliated with BAR.

Dated this _____ day of _____, 20____

Name of participant: _____ Signature: _____

Date of birth: _____

Parent/Legal Guardian: _____ Signature: _____

Medical Permission Form (All new families must complete the Medical Form in full)

I hereby grant permission to licensed hospitals and/or health care staff members to administer immediate medical treatment as deemed necessary to me/my child should I/she/he be injured during a Brampton Acro Roper event at which I/she/he is participating. Further, I understand that I am responsible for payment of expenses incurred relating to my own/my daughter/son's medical treatment.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Participant Health Card # _____

- **Policies and Procedures Agreement**
- **Publicity Waiver and Release**
- **Code of Conduct – Competitive Athletes**
- **Code of Conduct – Competitive Parent/Guardian**

I have read all the attached agreements, codes, policies and procedures, by signing below I agree to all.

Signature of Athlete: _____ Date: _____

Signature of Parent: _____ Date: _____