



Athletes Helping Athletes Inc.

Athleteshelpingathletesinc.com

P.O. BOX 172 - Richboro PA 18954

Participant's Full Name: _____ Age: _____ M / F

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Email: _____

Parent/Guardian Names: _____

Day Phone: _____ Night Phone: _____ Mobile Phone: _____

I/We, the parents and/or legal guardian of the Participant named above, a minor, hereby give our consent for _____ to participate in the activities of

_____ event and hereafter agree to the following terms and conditions related to his/her participation. I/We give my/our permission to engage in all activities except as noted on the back of this form. I/We understand that I/We am/are responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of the event because of unruly behavior). Athletes Helping Athletes Inc. and the Council Rock School District shall not be responsible for the safety, health or well being of any individual, parent and/or legal guardian of any Participant and/or any other Participant.

In case of medical emergency, I/We understand that it is very important for me/us to stay inside the building at all times during the event. If for some reason I/We cannot be found or reached, I/We hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I/We agree to be solely responsible for paying for all fees, costs, charges related to any of the aforesaid health care, diagnosis and/or treatment including but not limited to all medical, surgical, hospital, ambulance or any other health care or other provider. I/We hereby agree to indemnify, defend and hold harmless Athletes Helping Athletes Inc. and the Council Rock School District, their officers, directors, members, employees, volunteers, successors and assigns from and against all losses, liabilities, claims, demands, causes of action, damages, costs, including reasonable attorney's fees and expenses of every kind and nature arising out of or resulting from or caused by in whole or in part any act, omission, negligence or fault of Athletes Helping Athletes Inc. and the Council Rock School District, their officers, directors, members, employees, volunteers, successors and assigns in connection with Participant's participation in the

_____ event including but not limited to those in connection with the loss of life, bodily injury, personal injury, damage to property as well as in connection with any health care expenses including but not limited to all medical, surgical, hospital, ambulance or any other health care or other provider. This obligation to indemnify, defend and hold harmless Athletes Helping Athletes Inc. and the Council Rock School District, their officers, directors, members, employees, volunteers, successors and assigns shall survive the termination of this agreement.

Birth Date of Participant: _____ Date of Last Tetanus Shot: _____
Family Physician: _____ Phone: _____
Insurance Company: _____ Policy #: _____
Name of Policy Holder: _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

1. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following?

asthma *epilepsy / seizure disorder* *heart trouble* *diabetes*
 frequently upset stomach *physical handicap*

2. Does your child wear any of the following?

glasses *contact lenses*

3. I/We also give permission for photographs or video of my child to be used for our website and/or other purposes.

Yes *No*

Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

Special needs (including dietary):

Parent/Guardian Signature _____

Date _____

Relationship to the Participant _____

THIS SLIP MUST BE RETURNED TO A MEMBER OF THE PARTICIPATING ORGANIZATIONS FOR YOUR CHILD TO PARTICIPATE IN ANY ACTIVITIES

For your information, we expect each participant to conform to these rules of conduct.
(Participants who fail to comply with these expectations may be sent home at their parents' expense)

1. Participation with the group and being on time for all gatherings
2. Respect of property; treat indoor space appropriately
3. Respect of the efforts of others
4. Respect of other Participant's opinions and bodies
5. Respect of staff and other adults working with teens
6. Speaking with courtesy and respect to all; no foul language will be tolerated.
7. No offensive or immodest clothing.
8. Do not leave the event site without the permission of an adult advisor