

# D1 Athletics – Health & Information Form

This form must be presented before participating in the NorCal Jump Clinic  
**(Participants will not be admitted to clinic without this form completed and signed.)**

I am the ( ) Parent ( ) Legal Guardian of \_\_\_\_\_  
**(please print clinic participant name)**

Gender: **M** / **F** Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian First & Last Name(s) \_\_\_\_\_

Parent/Guardian phone number while named participant is at clinic ( ) \_\_\_\_\_

Person to contact in the event parent/guardian cannot be reached \_\_\_\_\_

Phone number of emergency contact person ( ) \_\_\_\_\_

Parent/Guardian E-Mail(s) \_\_\_\_\_

What would the participant like to take away from the clinic? \_\_\_\_\_

## HEALTH & GENERAL HISTORY

If the clinic participant should be restricted from any activity please note: \_\_\_\_\_

If the clinic participant will be taking medication during the clinic, please indicate name of drug and dosage: \_\_\_\_\_

**Please identify any medical condition or medical history that would require special attention:**

## HEALTH INSURANCE INFORMATION

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_, give permission for the named clinic participant to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during clinic or resulting from an injury received at clinic. My medical insurance shall be the insurance coverage for any medical treatment.

I HAVE READ THE HEALTH AND RELEASE FORMS AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF MILE NATION, LLC, AND HERBY AGREE TO ACT IN ACCORDANCE. I further understand that D1 Athletics retains the right to use for publicity and advertising purposes, photographs of participants taken at the clinic. The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signed \_\_\_\_\_ Date: \_\_\_\_\_