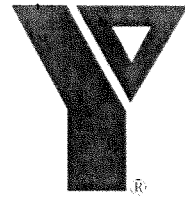


INDIAN BOUNDARY YMCA Athletic Health History Form



GENERAL INFORMATION: (PLEASE PRINT)

Name: _____
LAST FIRST

Birth Date: _____ Age: _____

Home Address: _____
CITY STATE ZIP

Parents / Guardians: _____ Phone #: _____

Home Address: _____
(IF DIFFERENT FROM ABOVE) CITY STATE ZIP

Emergency Contact: _____ Phone #: _____
NAME RELATIONSHIP

HEALTH HISTORY:

The following information must be filled out by the parents / guardians. The intent of this information is to provide coaching personnel and YMCA staff the background to provide appropriate care if needed. Keep a completed form for your records.

Allergies: List all known (medication, food, insect stings, etc...) _____

Restrictions (if any, please provide any additional information about the participants behavior and physical, emotional or mental health that may be needed: _____

Parents / Guardians Authorizations: This health history is complete and correct and the above person has permission to participate at his / her own risk in all sports activities unless notified.

Name: _____ Signature: _____ Date: _____

I do hereby give permission for the Indian Boundary YMCA to transfer child named above off the YMCA / school property for the purpose of medical care as deemed appropriate by the director and in the event I cannot be reached in an EMERGENCY, I do hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Signature of Parent / Guardian _____ Date: _____



We build strong kids, strong families, strong communities.