

PARTICIPANT INFORMATION, EMERGENCY CONTACTS AND MEDICAL CONSENT

Participant's Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____

Phone No: (_____) _____ Email: _____

Birth Date: _____ Health Ins. and Policy No.: _____

Any past or current injuries, physical limitations or conditions we should know about: _____

Parent/Legal Guardian #1

Name: _____ Phone No: (_____) _____

Address: _____ City: _____ Zip: _____

Other Phone No.: (_____) _____ Email: _____

Parent/Legal Guardian #2

Name: _____ Phone No: (_____) _____

Address: _____ City: _____ Zip: _____

Other Phone No.: (_____) _____ Email: _____

IN CASE OF EMERGENCY:

In the event that Participant becomes ill or is injured, Manoa Judo Club has the undersigned's permission to contact and release Participant to the custody of any one of the following:

First Contact: _____ Phone No: (_____) _____

Second Contact: _____ Phone No: (_____) _____

Physician Contact: _____ Phone No: (_____) _____

THE UNDERSIGNED CONSENT TO AND AUTHORIZE ANY DOCTOR, NURSE, ATHLETIC TRAINER OR OTHER MEDICAL PERSONNEL AND ANY OTHERS WORKING UNDER THEIR SUPERVISION TO TREAT PARTICIPANT FOR ANY INJURY OR ILLNESS, AND FURTHER AGREE TO PAY ANY AND ALL MEDICAL EXPENSES, COSTS AND OTHER CHARGES AND TO RELEASE, DEFEND, IDEMNIFY AND HOLD HARMLESS MANOA JUDO CLUB AND ITS DIRECTORS, OFFICERS, AGENTS, REPRESENTATIVES AND VOLUNTEERS FROM AND AGAINST ANY LIABILITY, CLAIM OR DEMAND ARISING FROM OR CONNECTED WITH SUCH MEDICAL TREATMENT OR CARE.

(Print Name of Participant) (Signature) (Date)

(Print Name of Parent/Guardian) (Signature) (Date)
(Name and Signature Required if Participant under 18 years old)