

Medical/Emergency Contact Information Form

Child's Name: _____ Birthday: _____
Child's Name: _____ Birthday: _____
Child's Name: _____ Birthday: _____
Child's Name: _____ Birthday: _____

Parent/Guardian Name: _____
Cell Phone #: _____ Home Phone #: _____
Parent/Guardian Name: _____
Cell Phone #: _____ Home Phone #: _____
Parent/Guardian Employer: _____ Phone #: _____
Parent/Guardian Employer: _____ Phone #: _____

Medical Information

Physician: _____ Phone # _____
Insurance Carrier: _____ Policy # _____

Is your child on any medications? Type: _____ for _____

If your child needs medication, including inhalers, please send information regarding usage to the program director.. **If your child has severe allergies and requires an EpiPen, the EpiPen must be brought in each day or your child will be sent home.**

Does your child have any allergies, medical or physical conditions we should be aware of?

YES

NO

Please Explain: _____

Medical Authorization & Liability Release I agree to assume full risk and to waive, relinquish, and release all claims that I and/or the participant may have against, indemnify, hold harmless and defend Lakeshore Sport and Fitness. This includes as well its officers, agents, servants, and employees from any such harm resulting from injury, damages, or loss sustained on account of participation in the program. I understand that I am responsible for all personal medical insurances and that participants must cover any medical cost incurred. I understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that the emergency contact or I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts and Release Information

The following adults are considered emergency contacts and are allowed to pick up your child from our program or will be called in case of an emergency if you cannot be reached. Please make sure to include ANY and ALL adults who may pick up your child or be called on upon an emergency. If you need to add or delete a name, please contact Joan Grzesinski Program Director.

Authorized Adult	Relationship	Cell Phone #	Work Phone #	Home Phone #

I consent that the emergency contacts listed above are granted responsibility for my child/children in a medical emergency. I understand that my child will not be released to someone not listed above unless prior arrangements have been made with the Program Director. I also understand that a membership card or photo ID must be shown at the entrance and that no one will be allowed in the building without proper ID.

I also understand that if I have a child between the ages of 10-14 years permitted into the club without a parent or guardian present as long as they are in a Lakeshore Tween activity or program. Additionally, I understand that my child will require supervision by a parent or guardian outside of these activities/dates/times.

Parent/Guardian Signature: _____

Date: _____

Photo & Video Waiver

We understand that filming and photographs can be a sensitive matter and we want to be sure you are comfortable with our program plans. Specifically, our goal is to provide parents with the ability to see, enjoy and save pictures of their kids having fun by posting the photos on our Facebook© page, etc.

I give permission for Lakeshore Sport and Fitness to use promotional photos and videos to be taken, which may contain my child(ren) on their social media pages, website and/or marketing materials. Any photos and/or videos taken at Lakeshore Sport & Fitness will be used for these purposes only.

I do not approve for Lakeshore Sport & Fitness to post any photos or videos to their sites which contain my child(ren)'s image.

Parent/Guardian Signature: _____

Date: _____