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## MEDICAL INFORMATION

Participant's Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
E-mail: \_\_\_\_\_

## ADDITIONAL MEDICAL INFORMATION

Emergency Contact (other than parents): \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

Is participant taking medication?      Yes      No

If Yes, what medication(s)? \_\_\_\_\_

How often is medication taken? \_\_\_\_\_

Purpose of medication? \_\_\_\_\_

What is participant allergic to? \_\_\_\_\_

Are there any physical limitations, special circumstances, or other information we should be aware of?      Yes      No

If Yes, what? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PARENTAL APPROVAL / RELEASE

I approve my child's/ward's participation at all Bigler Sports, Inc. sponsored activities. I expressly represent to Bigler Sports, Inc. that my child/ward is in good health and physically capable of participating in any and all activities sponsored and associated with Bigler Sports, Inc. I authorize Bigler Sports, Inc. or its representative to request, perform or obtain emergency medical treatment for myself or my child/ward as the circumstances may require and in connection with this authorization I hereby waive and release the right to authorize and give consent for the delivery of medical care/treatment, of whatsoever kind and nature, to my child/ward. I understand that Bigler Sports, Inc. its staff members, associates, workers, and anyone associated with Bigler Sports, Inc. is harmless and release them from any and all liability for injury or any other issue(s) as a result of my child's/ward's participation in any activity sponsored by Bigler Sports, Inc. This release of liability by me is based upon the recognition that sport activity of any kind or nature clearly involves the risk of injury or hazards to the participants and spectators and I acknowledge that my child/ward and I assume such risks when we participate in activities sponsored by Bigler Sports, Inc.

By signing this agreement, parents and players agree to abide by all the above, and parents also agree to give Bigler Sports, Inc. the right to put their child's pictures and/or videos and/or name on any of the Bigler Sports, Inc. websites or in any print or video media used by Bigler Sports, Inc. Bigler Sports, Inc. will NOT sell or knowingly distribute any of their child's/children's pictures/videos/names/email outside of the aforementioned methods or mediums without the written consent of their respective parents/guardians.

The parent or guardian of the participant must sign below certifying that the above information has been read, fully understood and agreed to.

Parent or Legal Guardian Signature: \_\_\_\_\_

Player's Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Camp / Academy / Clinic / Lesson / League: \_\_\_\_\_

(Please Circle One)