

Conditions of Health Form

By signing this form _____ is accepting the responsibility to ensure
(Parent or legal guardian)
_____ is medically fit to participate in the Kinetix Sports Conditioning Camp.
(Name of athlete)

Signature of Parent/ Guardian Date

Please specify any medical concerns or history which could affect your son/daughter with participating in the Kinetix Sports Conditioning Camp. Please also list any allergies, medications being taken and physical impairments.

Medical Release for Participation

To ensure the safety of your son/daughter, we will need for you as the parent or guardian to either accept full responsibility for their current physical condition, or have them get clearance for participation by their physician. Please check the appropriate box below for our records.

Cleared for participation in the conditioning camp by physician/ date of physical ____

Cleared for participation in the conditioning camp by Parent

Recommendations: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give the consent for 1). The administration of any treatment deemed necessary by family physician, or if not available the physician on duty. 2). The transfer of the child to any hospital reasonably accessible.

Facts concerning the child's medical history including allergies, medications being taken and physical impairments to which a physician should be alerted.

Signature of parent or guardian _____ Date _____

Permission to Photograph or Video Tape

I, _____ give permission to Kinetix Health and
(Parent or legal guardian)

Performance Center to photograph/video tape my child for educational or advertising purposes.

Signature of Parent/ Guardian Date