

Emergency Medical Form

Child's Name _____

Allergies _____

Medical _____

Precautions _____

Contact Person in case of emergency _____

Phone: _____

2nd Person: _____

Phone: _____

Our policy is to call 911 in the case of any medical emergency. Please indicate if you would like us to do otherwise, and what action you would like taken:

In the case of an emergency, it is likely that your child will be transported to Newton-Wellesley Hospital. If you prefer that your child be taken to a different hospital or facility, please indicate below:

RELEASE

I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any facility exercise program, sport or physical activity at the Boston Ability Center. I hereby waive all claims against, its instructors, or partners of the program, individually or otherwise, for any and all claims for injuries or damages that I might sustain.

I understand that there is risk of injury associated with participating in any facility exercise, program or sports activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being. I certify that all of the information provided on this application is correct and true.

All applicants must sign. Parents or guardians must sign if applicant is UNDER 18.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____