



# Hayden Synchro Summer Experience

## 2009 Medical Registration

### Contact Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Insurance Information

Insurance Carrier: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Insurance Company Phone Number: \_\_\_\_\_  
Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Person to Notify In Case of Emergency

Name: \_\_\_\_\_  
Relationship to Skater: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Medical Information

Please list any allergies:

Immunizations: (Please list most recent)

Tetanus

MMR

Hepatitis A

Hepatitis B

Flu

Medications: Please list all medications currently being taken including birth control, vitamins, herbal remedies, over-the-counter drugs, etc.



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*Medical Issues:* (Please check all that apply)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Headaches    |
| <input type="checkbox"/> Seizures/Fainting Spells | <input type="checkbox"/> Menustration |
| <input type="checkbox"/> Heart Disease            |                                       |

*Current Injuries:*

Type	Date Occurred	Treatment

*Past Injuries:*

Type	Date Occurred	Treatment

*Past Surgeries:*

Type	Date Occurred	Treatment

### Release

I \_\_\_\_\_ of (address) \_\_\_\_\_  
 City \_\_\_\_\_ State of \_\_\_\_\_ voluntarily desire to enroll myself/my child in the Hayden Synchro Summer Program. I certify that I am cognizant of all the inherent dangers, risks and hazards associated with ice skating. In consideration of being permitted to enroll, I hereby voluntarily assume all risks of accident or injury to my person or property, whether foreseen or unforeseen. I hereby release Hayden Synchro Summer Program, its employees, agents and representatives from any claim, liability, demand or suit of any kind sustained, whether or not caused by the negligence of Hayden Synchro Summer Program, its employees, agents and representatives. I further agree to indemnify and hold Hayden Synchro Summer Program, its employees, agents and representatives harmless from any claim, liability, demand or suit arising out of alleged malfeasance, misfeasance of nonfeasance arising in connection with the Hayden Synchro Summer Program. This release shall be binding upon my heirs, administrators, executors and assigns. Any photographs taken by Hayden Synchro Summer Staff are the property of the Hayden Synchronized Skating Teams. I represent that I am of lawful age and legally competent to sign this release; that I understand that the terms herein are contractual; and that I have signed this document as my own free act. By signing this release, I certify that I have read and fully understand the conditions herein provided.

Parent/Guardian/Adult Participant

Date