



Eagle Sports & Sports FUNDamentals

REGISTRATION AND RELEASE FORM WITH MEDICAL HISTORY 2011-2012 Academic Year

Check appropriate box(es): (Ages in Years)

BASKETBALL <input type="checkbox"/> Boys & Girls (6-11) <input type="checkbox"/> Middle School Girls (11-14) <input type="checkbox"/> Middle School Boys (11-14) <input type="checkbox"/> Varsity Girls (14-19) <input type="checkbox"/> Varsity Boys (14-19) VOLLEYBALL <input type="checkbox"/> Middle School Girls (11-14) <input type="checkbox"/> Varsity Girls (14-19)	FOOTBALL <input type="checkbox"/> Varsity Boys (13-19) SOCCER <input type="checkbox"/> Middle School Girls (11-14) <input type="checkbox"/> Varsity Girls (14-19) CHEERLEADING <input type="checkbox"/> Middle School (11-14) <input type="checkbox"/> Varsity (14-19)	BASEBALL <input type="checkbox"/> Boys & Girls (6-11) <input type="checkbox"/> Middle School Boys (11-14) <input type="checkbox"/> Varsity Boys (14-19) SPORTS FUNDAMENTALS (P.E.) <input type="checkbox"/> Boys & Girls (5-13) <input type="checkbox"/> Boys & Girls (13-19) <input type="checkbox"/> TENNIS <input type="checkbox"/> TRACK <input type="checkbox"/> GOLF
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Name: _____

Date of Birth: ____ / ____ / _____ Age ____ Grade: ____

Address: _____

Father's Name: _____

E-mail address(es): _____

Phone Number(s): _____

Mother's Name: _____

E-mail address(es): _____

Phone Number(s): _____

Physician's Name: _____ Phone No.: _____

Health Ins. Co.: _____ Phone No.: _____

Policy No.: _____ Group No.: _____

Hospital preference: _____

Emergency Contact (other than above): _____

Relationship: _____

Phone Number(s): _____

Medical History (indicate all that apply):

Asthma Diabetes Epilepsy Fainting Spells Heart Problems
Hemophilia High Blood Pressure Hypoglycemia Migraine Headaches

Other (please explain):

Allergies (to what, insects, food, etc.): _____

Date of Last Tetanus Shot ____ / ____ / ____

Prescriptions and Medications and reason(s) for taking: _____

Any other physical, mental, or emotional limitation(s)? Please specify: _____

I hereby give my consent for _____
to participate in the Eagles Sports directed by Eagle Sports Board of
Directors and/or Sports FUNdamentals owned by Curtis & Jayne Crown.

I understand that insurance coverage for accidental injury or sickness will not be provided by the following: Eagle Sports' Directors or Coaches or assistants, Columbia / Richmond County Recreation Departments, Wesley United Methodist Church, Curtis Baptist Christian School, Augusta Preparatory School, Westside Baptist, Georgia Independent School Association, Best 9 Sports Academy, Dayspring Baptist Church, St. Mark's United Methodist Church, or Westminster Presbyterian Church. I agree that I will be responsible for any medical expenses that might be incurred because of accident or illness.

I do () do not () have insurance to cover accident or illness.

I give () do not give () my consent to give the above person non- aspirin or other commonly used medication.

I will () will not () have a physical done at my desired medical location.

I hereby release all the above named and participants from liability for accidental injury and sickness which may occur to the above person while participating in the Eagles Sports and/or Eagles Sports FUNdamentals. In case of my absence, I also give my consent to the Directors and/or Coaches to authorize emergency medical treatment which has been deemed advisable by the treating physician in the exercise of his/her best judgment for the above participant.

SIGNED this _____ day of _____, 201_____

Signature of Parent or Guardian

Relationship: _____

Send Checks to: 4020 Culver St, Martinez, GA 30907