

LEGACY PREP SUMMER STRENGTH AND CONDITIONING

STUDENT NAME \_\_\_\_\_

**Date of Birth\*** \_\_\_\_\_

**Student's Grade: August 2021\*** \_\_\_\_\_

**School \*** \_\_\_\_\_

**Home Phone\*** \_\_\_\_\_

**Street address\*** \_\_\_\_\_

**City\*** \_\_\_\_\_

**State\*** \_\_\_\_\_

**Zip\*** \_\_\_\_\_

**Parent's First Name\*** \_\_\_\_\_

**Parent's Last Name\*** \_\_\_\_\_

**Daytime Phone\*** \_\_\_\_\_

**Cell Phone\*** \_\_\_\_\_

**Email Address\*** \_\_\_\_\_

*Emergency Contact Information*

In the event of an emergency, Parents or guardians will be contacted first. Please list two alternate emergency contacts.

**Emergency Contact 1\*** \_\_\_\_\_

**Relationship\*** \_\_\_\_\_

**Daytime Phone #\*** \_\_\_\_\_

**Cell Phone #\*** \_\_\_\_\_

**Emergency Contact 2\*** \_\_\_\_\_

**Relationship\*** \_\_\_\_\_

**Daytime Phone #\*** \_\_\_\_\_

**Cell Phone #\*** \_\_\_\_\_

*Medical Information*

**Physician\*** \_\_\_\_\_

**Phone\*** \_\_\_\_\_

In case of an emergency, I give my permission for the above named student to be given emergency treatment at any hospital reasonably accessible.

Health Concerns/Activity Restrictions

My child has the following health concerns (surgeries, diseases, etc.) or activity restrictions

**Medication Administration**

If the student takes prescription medication, please list

**Allergies\***

My child is allergic to the following (foods, medications, insects, pollens, etc.).

Treatment for allergic reactions

**Parent Agreement\***

By circling AGREE below, I hereby certify my son or daughter is in good health and may participate in all activities. In case of an emergency, I hereby authorize my child to be given emergency treatment at a local hospital. As a parent or legal guardian, I authorize staff to have the above-named student examined by a qualified physician or dentist, and in the event of injury to administer any emergency care he deems necessary to ensure proper treatment. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment. In signing this form as a parent or guardian, I hereby agree to relieve the Camp and Legacy Prep Christian Academy and/or its employers of any liability for injury or accident occurring on the premises, or athletic competition trip.

AGREE