

# HAMMER TRAINING ACADEMY

## Medical Information and Liability Release

### Player Record

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Persons Having Legal Custody of Child:  Mother  Father  Other \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Information

In the event of an emergency or other significant concern, the player's parents or guardians will be contacted. Please provide the name, relationship to the player, and phone numbers.

Parent or Guardian: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Medical Information

#### **Personal medical insurance is required.**

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does the player have any medical, orthopedic, or emotional condition that we should be aware? YES NO

If yes, please indicate nature of condition: \_\_\_\_\_

Player's Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_ (Month/Year)

Do you give permission for your player to take over-the-counter pain medication at camp? YES NO

If yes, please indicate appropriate brands (Advil, Tylenol, aspirin, etc.) \_\_\_\_\_

### Immunizations

**Please furnish a record of immunization for diphtheria, tetanus, pertussis, poliomyelitis, measles (rubeola), Rubella (German measles), and mumps. If a camper is exempt from immunization on medical or religious grounds, please provide signed statement from a registered physician or a copy of State Department of Health and Mental Hygiene Immunization Certificate.**

If a player requires medication during camp, please download a Medication Dispensing Authorization form on our web site.

### Consent for Medical Treatment/Liability Release

All Hammer sports are at times physical, contact sport. As the parent or guardian of the player enrolled in Hammer Training Academy's programs, I understand that these programs, activities, games and training elements are hazardous by nature and I assume all risks of injuries arising from participation. I release, indemnify and hold harmless Hammer Training Academy, Inc. and its directors, employees and staff from any claim, suit, demand or action arising in connection with the player's participation.

Personal medical insurance is required. If the player requires medical attention every effort will be made to contact the player's parents, guardians or emergency contacts. In the case of an emergency, the player will be provided emergency medical services prior to informing the parent or guardian. I assume responsibility for any costs incurred in treating the player. I waive any liability or accountability to Hammer Training Academy, Inc. for the quality or cost of medical services provided.

The player's parent or guardian is responsible for any property damage caused by the player. If a player's property is lost or stolen, Hammer Training Academy will make every effort to locate it. However, Hammer Training Academy accepts no responsibility for the loss or damage to a player's property.

I give permission to Hammer Training Academy to use the player's picture or likeness in promotion of Hammer Training Academy camps in printed or electronic media. I renounce any claims upon Hammer Training Academy for reimbursement for use of this material. I have read and accept Hammer Training Academy's Policy Statements:

Please sign below and mail to Hammer Training Academy, Inc: 934 Massachusetts Ave Cambridge, MA 02139

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to Player:** \_\_\_\_\_