Armory Athletics

Emergency Contact Information & Medical Release Form

Gymnast Name: _____ Age: _____

Address: _____Phone: _____

City: _____State: _____ Zip: _____

Family Physician: _____ _____Phone: _____

Blood Type: _____Known allergies or medical conditions: _____

_____

(Continue on the back of this sheet as needed.)

_____

Mother's First & Last Name: _____

Home Phone: _____Work Phone: _____

Cell Phone: _____ Email: _____

Father's First & Last Name: _____

Home Phone: _____ Work Phone: _____

Cell Number: _____ Email: _____

==========

Emergency Contacts:

Name: _____Phone: _____

Name: _____Phone: _____

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my son/daughter, _____ and prevent further injury and/ or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic and life threatening, I give permission to the emergency care physicians and support personnel to do what they deem necessary in the best interests of my child.

_____ _____

Parent or legal guardian signature Date