

# HUMBOLDT ALL-STARS

## Adult Athlete Information & Medical Release Form (2007-08 Gym Use Information)

Athlete Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Main Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Ph: (\_\_\_\_\_) \_\_\_\_\_ Athlete Birth Date: \_\_\_\_\_

Contact Email (*print clearly*): \_\_\_\_\_

### Medical Authorization and Release

I authorize Humboldt All-Stars™ and its representatives to consent to medical treatment for myself when I cannot respond to so consent. I also give Humboldt All-Stars™ permission to administer the necessary emergency care to myself to stabilize and/or improve the current injury or condition that I may have sustained during activities related to my or other persons activities at Humboldt All-Stars™ facility. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization. Humboldt All-Stars™ strives to provide the maximum in safety procedures, guidelines, and enforcement, and therefore assumes no responsibility for any accidents or injuries that may occur. I am fully aware that any activity involving motion, height, athletic activity, and/or any gymnastic equipment (ie Tumbl-Trak®, Gymnastics floor, trampoline, elliptical trainer, treadmill, BowFlex®, free weights, etc) creates the possibility of serious injury, and I further agree to hold Humboldt All-Stars™ and its staff and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against Humboldt All-Stars™ and its parties.

Date: \_\_\_\_\_ Athlete Signature: \_\_\_\_\_

Please list any physical/psychological limitations, injury, or weakness that may affect the athlete:

\_\_\_\_\_

Any medicines allergic to: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

