



Emergency Medical Form

School _____ Student Name _____

Date of Birth _____ Address _____

Phone _____

Purpose – This Agreement is made with **Three Twenty Three Training Academy, LLC**, an Ohio limited liability company, hereinafter the Academy, to acknowledge and accept the risks inherent in the training and sports activities the child will engage in while attending Academy functions, and to enable parents and guardians to authorize the provision of emergency treatment for children who became ill or injured while under the Academy's authority, when parents or guardians cannot be reached. The undersigned parent or guardian acknowledges that the Academy will rely upon this Agreement and the authority of the undersigned parent or guardian to enter into this Agreement, in permitting the child to participate in Academy activities.

Residential Parent or Guardian:

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Other's Name: _____ Daytime Phone: _____

Name of Relative or Child Care Provider (in case above cannot be reached):

Name: _____ Relationship: _____

Address: _____ Phone: _____

This Part must be completed by all participants.

LIABILITY WAIVER

I recognize the possibility of physical injury associated with training and sports activities the child will engage in while with the Academy, and hereby release, discharge, and otherwise indemnify the Academy, their sponsors, its affiliated organizations, and the employees, volunteers and associated personnel of the Academy, against any claim for injury, illness or damages suffered by the student named above as a result of that student's participation in these activities and/or while being transported to or from the same, which transportation I hereby authorize.

Signature of Parent/Guardian

Date

Signature of Adult Player Participant

Date

Address

**In addition,
Part I or II must be completed**

Part I – To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Hospital: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken and any physical impairments to which the physician should be alerted:

Signature of Parent/Guardian

Date

Address

Part II – Refusal of Consent (Do not complete this portion if Part I was completed)

I do not give my consent for emergency medical treatment of my child in event of illness or injury requiring emergency treatment, and accept responsibility for this refusal. I wish the Academy’s authorities to take the following action in the event of illness of or injury to the child:

Signature of Parent/Guardian

Date

Signature of Adult Player Participant

Date

Address