

## **Super Squad of the Hill Country Registration and Medical Release Form**

Students Name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Phone #:(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

***I authorize Super Squad of the Hill Country to consent to medical treatment for my child when I cannot be reached. I am fully aware that any activity involving motion or heights creates the possibility of injury and I further agree to hold Super Squad of the Hill Country and its staff harmless of any injury or resulting expenses. Super Squad strives to provide the maximum in safety procedures and guidelines and cannot assume responsibility for any injuries or accidents that may occur.***

Parent's Signature: \_\_\_\_\_

Medicines Allergic To: \_\_\_\_\_

Allergies/ Physical Limitations: \_\_\_\_\_

People who I authorize to pick up my child: \_\_\_\_\_

\_\_\_\_\_

