



2018-2019 Medical Release

Athlete Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent \_\_\_\_\_ Parent \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Insurance Coverage \_\_\_\_\_ Name/Birthdate of Policy Holder \_\_\_\_\_

Company \_\_\_\_\_ ID# \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Medical History

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

Impact Baseline Test Date and Location \_\_\_\_\_

Current Injuries or Other Medical Information \_\_\_\_\_

Athlete Medical Release: Athlete or Parent, if athlete is under the age of 18 years, hereby authorizes U.S. Ski & Snowboard/Northern Division/Western Region Staff to secure hospital, medical, surgical and dental care or treatment and/or procedures for the above (named) athlete. Parent also consents that in the event of injury to the athlete, coaches can authorize that athlete to receive care, treatment and /or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. U.S. Ski & Snowboard/Northern Division/Western Region shall notify Parent at the earliest possible time before, during, or after such care, treatment and/or procedures are authorized. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage physicians and U.S. Ski & Snowboard/Northern Division/Western Region to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically holds harmless and indemnifies U.S. Ski & Snowboard/Northern Division/Western Region of and from any and/or claims of any nature arising out of the provision of such care, treatment and/or procedure.

Athlete Signature \_\_\_\_\_ Club \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send to: Northern Division U.S. Ski & Snowboard, P.O. Box 217, Whitefish, MT 59937 or fax to 406.545.2289