

MEDICAL & CIVIL LIABILITY RELEASE FORM

Each participant **MUST** complete the following Medical & Civil Liability Release Form.
Parents or legal guardian of participants **MUST** sign.

Individual registration is not complete unless a Medical & Civil Liability Release Form is on file with Solutions Services, Inc.

Name (last) _____ (first) _____ (middle) _____
Address _____ Gender: M F
City _____ State/Province _____ Zip/Postal Code _____
County _____ Date of Birth _____ Phone () _____
Cell Phone () _____ Email () _____

FOR YOUTH PARTICIPANTS:

Parent/Guardian (circle one) Name _____
Phone (home) () _____ (work) _____ Fax () _____

Emergency Contact _____
Relationship _____
Phone (home) _____ (work) _____ Fax () _____

MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you will be taking while at Solution Services, Inc.

List any medications you are allergic to:

List any medical conditions or activity limitations: _____

Doctor's Name: _____