

Medical Information (to be completed by parent/guardian)

Last Name _____ First Name _____

Does the student have any medical conditions we should be aware of? Yes No

If yes, please explain:

Does the student have any previous/present injuries we should be aware of? Yes No

If yes, please explain:

Does the student have any allergies? Yes No

If yes, please list:

Does the student take any medication(s) regularly? Yes No

If yes, please list:

EMERGENCY CONTACT INFORMATION

Last Name _____ First Name _____

Address _____

City _____ MA Zip _____

Phone _____ Relationship _____

WAIVER

I hereby release and forever discharge instructors, other participants and any and all other parties of liability for any claims, demands, actions and causes of action of every name and nature which I have upon or against instructors, other participants and any and all other parties, including especially claims arising out of any and all personal injuries, damages, expenses and any loss or damage whatsoever, resulting to or from my participation in this class.

Signature of Parent/Guardian _____ Date _____