

**Phoenix Elite NJ
MEDICAL QUESTIONNAIRE/WAIVER**

Player's Name _____ Date of Birth _____

Parent/Guardian Name _____

Address _____

Town _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Cell Phone _____

Emergency Contact Name _____

Phone _____ Relationship _____

*****MEDICAL HISTORY: Please explain any "YES" answer on back of this form. Accuracy is very important.**

1. Date of last tetanus immunization: _____
2. A medical condition currently under treatment: YES _____ NO _____
3. Pre-existing injury currently under treatment: (i.e.: Asthma) YES _____ NO _____
4. Allergies (to drugs, food, bees, etc.) YES _____ NO _____
5. Mental disorders or convulsions: YES _____ NO _____
6. Known past illness of more than one week duration: YES _____ NO _____
7. Contact lenses or glasses: (please circle) YES _____ NO _____

FAMILY MEDICAL POLICY COVERAGE

Company Name _____

Policy Number _____ Group I.D. # _____

As the parent or legal guardian of the player named on this form, I hereby give my full consent and approval for her to participate in any Phoenix Elite program and in all future activities of Phoenix Elite NJ. I understand that there are certain risks of injury inherent in the practice and play of field hockey, soccer and lacrosse, and the related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. Realizing that such activity involved the potential for injury, I acknowledge that even with the best coaching, use of proper protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

I hereby certify that my child is healthy, and has no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed above.

I have read and understand this warning and I hereby give permission for my child to participate in all New Heights Programs. In addition to giving my full consent for my child's participation, I do hereby, waive, release and hold harmless, Phoenix Elite NJ, its employees and coaches, Trident Fitness & Performance, and Southern Regional Board of Education from any and all claims arising out of such injury, that may be suffered by my child or myself as a participant or spectator in the normal course of participation in the Phoenix Elite programs and activities incidental thereto, whether the result of negligence or any other cause.

In the event that the child name on this form is injured and I cannot be reached in an emergency, I hereby give my permission for Phoenix Elite NJ personnel to provide proper medical supervision and treatment.

Signature of Parent or Guardian

Date