

Marcus Jewish Community Center of Atlanta Club 6*7*8 Emergency Contact/Health Form

Child's name: _____ Birthdate: _____

Parent/Guardian 1 name: _____ Parent/Guardian 2 name: _____

Telephone Numbers and e-mail: *(Please fill out all areas of info)*

Parent/Guardian 1

(Home) _____ (Work) _____ (Cell) _____

(e-mail) _____

Parent/Guardian 2

(Home) _____ (Work) _____ (Cell) _____

(e-mail) _____

Emergency Contacts (for emergencies when parent(s) can not be reached):

Name _____ relationship _____ day phone # _____

Name _____ relationship _____ day phone # _____

Physician Name and Phone Number: _____

Preferred Hospital (in the unlikely case that a parent is unreachable): _____

Medical Insurance Information:

Insurance Policy Name: _____ Insured's Name: _____

Insurance Policy ID number: _____ Group Number: _____

Health Related information:

FOOD/MEDICINE ALLERGIES: _____

DIETARY RESTRICTIONS OR CONSIDERATIONS: _____

MEDICAL CONDITION(S): _____

IF THERE ARE MEDICATIONS TAKEN, THEN PLEASE WRITE ALL MEDICATIONS REGULARLY TAKEN BY CHILD AND WHEN: _____

FOR WHAT CONDITION(S) DOES YOUR CHILD TAKE THIS MEDICINE? _____

WILL MEDICATION NEED TO BE ADMINISTERED DURING CLUB 6*7*8? YES NO

IF SO, AN **AUTHORIZATION TO ADMINISTER MEDICATION RELEASE FORM AND/OR AN AUTHORIZATION TO CARRY AN EPIPEN, INHALER OR INSULIN FORM** MUST BE FILLED OUT. THEY CAN BE OBTAINED BY GOING TO OUR WEBSITE.

SWIMMING LEVEL: ADVANCED MODERATE BEGINNER

SWIMMING AND DIVING RESTRICTIONS: _____

ACTIVITY RESTRICTIONS: _____

Individuals Authorized to pick up child:** *(these people must be given your child(ren)'s dismissal number, which will be sent to you shortly)*

Name _____ relationship _____ address _____

Name _____ relationship _____ address _____

The following Individuals are NOT Authorized to pick up child:

Name _____ relationship _____ address _____

Name _____ relationship _____ address _____

We will be assigning everyone a dismissal number. This will be a secret code that you will give to anyone whom you want to pick up your child in your absence. Only give this number to people whom you want to pick up your child, as we will release your child to only those who have this number. If they do not have this number, AND they are not on the above list, then your child will not be released into their care.

**** I realize that my child will not be released to anyone who does not have my child's dismissal number OR is NOT specified on my list. If an alternate person will be picking up my child, I will give them my child's dismissal number. Should they not know the dismissal number, the alternate person will not be permitted to leave with the child, until a parent is contacted and the pick-up is confirmed! A form of picture ID will be required from the individual picking the child up.**

Club 6*7*8 enforces a "sick child" policy and an "extreme disruptive behavior" policy. It is up to the Club J Director or Club J Coordinator's discretion as to whether or not a child is sick or disruptive.

WAIVER OF LIABILITY: We hereby release for and on the behalf of ourselves, and our minor child, MARCUS JEWISH COMMUNITY CENTER of ATLANTA, located at 5342 Tilly Mill Rd. Dunwoody, GA 30338, all owners and employees of the MARCUS JEWISH COMMUNITY CENTER of ATLANTA for any damages and/or personal injury that may occur in and from any connection with such MARCUS JEWISH COMMUNITY CENTER of ATLANTA, its owners and employees, sponsoring the above program.

MEDICAL RELEASE: We hereby also consent to emergency medical or hospital service that may be rendered by accredited hospitals or by appointed physicians, in the event such need arises in the opinion of a duly licensed physician.

I, the undersigned, have read this release and the Club 6*7*8 Parent Handbook, understood all its terms, and hereby execute it voluntarily and with full knowledge and understanding of its significance.

AUTHORIZATION FOR COMMUNICATION OF MEDICAL INFORMATION: I, _____

(Parent/Guardian) of _____ (Child's Name), authorize any physician, nurse, or other health care provider to communicate with the medical staff and/or Club 6*7*8 Director, or his/her designee, about my child's medical condition, treatment and/or prognosis. I further authorize the Club 6*7*8 Director to discuss any medical conditions with his/her designee, or the child's counselor when the Club 6*7*8 Director believes such communication to be in the best interest of the child.

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I, the undersigned parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue the Marcus Jewish Community Center, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The participant has received a physical examination by a physician and has been found physically capable of participating in the Program. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. **I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Marcus Jewish Community Center will cause the participant to be removed from the Program.**

Signature of Parent or Guardian _____ Date _____

Print Name: _____