

Super Squad of the Hill Country Registration and Medical Release Form

Students Name: _____

Age: _____ D.O.B: _____ Phone #:(_____) - _____ - _____

T-shirt Size: _____ E-mail Address: _____

School: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone #: (_____) - _____ - _____

Father's Name: _____ Phone #: (_____) - _____ - _____

Child's Physician: _____

Insurance Carrier: _____

Policy #: _____

Emergency Contact: _____ Phone #: (_____) - _____ - _____

I authorize Super Squad of the Hill Country to consent to medical treatment for my child when I cannot be reached. I am fully aware that any activity involving motion or heights creates the possibility of injury and I further agree to hold Super Squad of the Hill Country and its staff harmless of any injury or resulting expenses. Super Squad strives to provide the maximum in safety procedures and guidelines and cannot assume responsibility for any injuries or accidents that may occur.

Parent's Signature: _____

Medicines Allergic To: _____

Allergies/ Physical Limitations: _____

People who I authorize to pick up my child: _____
