

NeXt Level Performance

This form must be submitted to NeXt Level Performance. Registration is not accepted until this form is read and signed.

Player Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work Phone _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Child's Doctor: _____ Phone: _____

Existing Medical Coverage: _____ Plan #: _____

PARTICIPANT MEDICAL HISTORY

- | | | |
|---|-----|----|
| 1. Are there any injuries requiring medical attention? | Yes | No |
| 2. Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. Is the participant currently under the care of a medical practitioner? | Yes | No |
| 4. Is the participant currently taking any medications? | Yes | No |
| 5. Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 6. Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. Is the participant diabetic/require medication for diabetes? | Yes | No |
| 8. Does the participant currently require medication? | Yes | No |
| 9. Does/has the participant have/had seizures? | Yes | No |
| 10. Does the participant wear glasses or contact lenses? | Yes | No |
| 11. Does the participant wear a brace or other medical support device? | Yes | No |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

WAIVER OF LIABILITY AND MEDICAL RELEASE AGREEMENT

I hereby voluntarily permit my child to participate in the NeXt Level Performance, LLC youth sports program.

In case of a medical emergency, I hereby give permission to Staff and Volunteers to order treatment for my child, including any necessary medical treatment and/or x-rays. I also hereby give permission to Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Parent or Guardian Signature

Date