



# STUDENT REGISTRATION AFTERSCHOOL SPORTS PROGRAM

Program:     Tennis     Fit - Sports

Today's date: \_\_\_\_\_ LOM ID #: \_\_\_\_\_  
 Name of Student: \_\_\_\_\_  
 Gender: \_\_\_ Male \_\_\_ Female    Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Parents Cell: \_\_\_\_\_ Office: \_\_\_\_\_  
 Custodial parent or Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Other Emergency Contact Numbers: \_\_\_\_\_

**Medical Information:**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 List any important medical information about the participant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is he or she under any medical treatment: \_\_\_ Yes \_\_\_ No    Please specify any medications:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any allergies to food, insect, medicine, etc.: \_\_\_\_\_  
 \_\_\_\_\_

Please initial: \_\_\_\_\_ To my knowledge the participant is not a carrier of any communicable disease, measles, chicken pox, mumps, aids, etc, and is medically fit to participate in the sports program.

Has / does the participant:	Yes	No
1. Had any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness / condition?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Wear glasses, contacts or protective eye wear?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever had frequent ear infections?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>

Has / does the participant (cont.):	Yes	No
13. Ever had chest pain during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Ever had problems with joints?.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Have an orthopedic appliance being brought to camp?.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Have any skin problems (e.g. itching, rash, acne)?.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
21. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
22. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
23. Had problems with diarrhea / constipation?.....	<input type="checkbox"/>	<input type="checkbox"/>
24. Ever had emotional difficulties for which professional help was sought?.....	<input type="checkbox"/>	<input type="checkbox"/>
25. Is the participant updated with all the immunization vaccines?.....	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of the questions.

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I / WE, the undersigned are the parent(s), or legal guardian(s), of \_\_\_\_\_ and hereby authorize University Sports Program in case of an emergency to take my child to the hospital for treatment. My/our signature will further authorize the hospital or a licensed doctor to administer treatment in case of an emergency.

\_\_\_\_\_  
Parent / Guardian Signature

**Waiver of Liability:**

This agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_, between University Sports Program and \_\_\_\_\_ (parent) individually, and as natural parents and/or guardians of \_\_\_\_\_ (student).

I / We consent to permit my/our child/children to participate in all activities conducted by University Sports Program during its programs. I / We will hold harmless the aforesaid University Sports Program for any injury which may occur to my/our child/children during USP activities.

I / We understand that USP is **NOT** responsible for my child after each class or practice session has ended.

\_\_\_\_\_  
Signature individually and as a parent or guardian

\_\_\_\_\_  
Date