

JFC MEDICAL RELEASE FORMSUMMER 2025

Name of Participant _____

Address _____ **City** _____ **State** _____

Parent/Guardian _____ **Phone number** _____

Email Address _____

Emergency Contact Name _____ **Phone #** _____

Current Medications _____

Known Allergies _____

Any medical conditions that would affect participant's full involvement in sports/activities

Insurance Carrier _____ **Policy#** _____

I am aware that the very nature of athletic participation carries with it an inherent risk of injury. I understand that the dangers and risks of participating in activities, whether in competition or preparing to compete, include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body and general health and well-being I voluntarily accept these risks and assume that such injury(s) may occur to my son/daughter.

In the instance that my son/daughter becomes injured/ill while at the Summer Elite Training Program, I hereby authorize the staff associates, agents, coaches and administrators of JFC to use their judgment in providing first aid, medical assistance, and/or care, and to secure medical aid and ambulance service transportation to a medical facility for further treatment and care.

To the best of my knowledge, my son/daughter has no medical, physical, emotional, mental, or other condition that would make it inadvisable for full participation.

I have read the above statements and agree with the content.

Parent/Guardian _____ **Date** _____