

# Stratton Mountain School Athletics

## ATHLETE MEDICAL DISCLOSURE

ATHLETE NAME: \_\_\_\_\_ SMS Event/Team Training: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Skiing/Snowboarding: \_\_\_\_\_ Ski or Snowboard Team/Club: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Other emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## EMERGENCY MEDICAL RELEASE and CONSENT

I/We \_\_\_\_\_, understand that competitive ski racing, snowboarding or nordic skiing; training for competitive ski racing, snowboarding or nordic skiing; and all the other activities relating to the Stratton Mountain School programs are dangerous and physically demanding activities and that serious personal injury to the above athlete is possible. I/We acknowledge and accept the inherent dangers of physical injury to participants in these activities, and hereby agree to allow the above athlete to participate in all such activities. I/We hereby release Stratton Mountain School and any other employees of the camp and agree to hold all said parties harmless from any and all claims, demands, causes of action, and/or attorney fees arising out of or in any way related to any personal injury or property damage sustained by/to the above athlete while involved, spectating, or being transported to and from Stratton Mountain School activities.

I/We have read and understand this release and voluntarily, willingly and knowingly have executed this release as evidence of our agreement to all of its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We the undersigned, as parent(s) and/or legal guardian(s) of the above athlete recognize that medical treatment may become necessary during the above athlete's travel and participation in the Stratton Mountain School programs. In the event of an emergency requiring treatment, surgery or the administration of other medical services, permission is granted by \_\_\_\_\_, who is the parent and/or guardian of \_\_\_\_\_, a minor, to Stratton Mountain School Coaches and Staff to act on his/her behalf, should attempts to contact the above named person(s) prove to be unsuccessful. I/We hereby empower the coaches and staff of Stratton Mountain School to authorize on my/our behalf recommended medical treatment by any doctor, emergency medical technician and/or paramedic that is advisable for the care and treatment of the above named athlete.

This **authorization** is complete in and of itself and is fully operative upon my signature for the duration of the above athlete's participation in Stratton Mountain School athletics.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We, the undersigned, represent that I/we have sought the opinion of (name of the athlete's physician/pediatrician) \_\_\_\_\_, and they concur that (athlete's name) \_\_\_\_\_ is fully capable of participating in the physical demands of the Stratton Mountain School athletics.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## IMPORTANT MEDICAL HISTORY & INSURANCE INFORMATION

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: (food, drugs, other) \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of recent Tetanus Booster: \_\_\_\_\_

List any pre-existing conditions (asthma, epilepsy, diabetes, head injuries/concussions, fractures, surgeries, severe sprains/strains, hemophilia) and explain: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_

**Please include a photocopy of the athlete's insurance card, front and back, with this form.**

*This form must be entirely completed and returned to SMS in order to take part in SMS athletics*