



**California Spirit Elite
Emergency Medical Information**

ATHLETE NAME: _____ BIRTHDATE: _____

ATHLETE ADDRESS: _____ CITY: _____ ZIP: _____

How did you hear about us? _____

EMERGENCY CONTACT

Name: _____ Relationship to Athlete: _____

Phone Number: _____ Alternate Phone Number: _____

I CERTIFY THAT MY SON/DAUGHTER IS MENTALLY AND PHYSICALLY CAPABLE AND ABLE TO FULFILL THE REQUIRMENTS TO PARTICIPATE IN ANY CLASS, PERFORMANCE, TRIP AND/OR EVENT SPONSORED BY CALIFORNIA SPIRIT ELITE. IN THE EVENT OF AN EMERGENCY OCCURING WHILE MY SON/DAUGHTER IS AT CALIFORNIA SPIRIT ELITE SPONSORED CLASS, PERFORMANCE, TRIP AND/OR EVENT, I GRANT PERMISSION TO CALIFORNIA SPIRIT AND IT'S STAFF TO TAKE WHATEVER ACTION IS NECESSARY.

____ Parent Initial

IN THE EVENT THAT I CANNOT BE REACHED, I HEREBY AUTHORIZE CALIFORNIA SPIRIT ELITE AND ITS STAFF TO GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE MEDICAL TREATMENT.

____ Parent Initial

Mother's Name: _____ Occupation: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Father's Name: _____ Occupation: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____

Physician First Name: _____ Physician Last Name: _____

Physician Phone Number: _____

Please circle YES or NO on the following:

Heart Condition YES NO **Asthma** YES NO **Diabetes** YES NO **Allergies** YES NO **Convulsions** YES NO

Hospital/Clinic Preference: _____

If any, please list allergies: _____

Current Medication: _____

Additional Medical Information: _____

****I HAVE READ THE RULES AND POLICIES FOR CALIFORNIA SPIRIT ELITE, INC. AND UNDERSTAND ALL REGISTRATION INFORMATION, PAYMENT TERMS AND THE REQUIRMENTS FOR DROPPING A CLASS****

PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

FOR OFFICE USE ONLY:	
RECREATIONAL CLASS _____	FLIGHT SCHOOL _____
ALL STAR TEAM _____	TEAM TRAINING _____
TEAM TUMBLING _____	
PRIVATE LESSON _____	FLOOR RENTAL _____
CAMP/CLINIC _____	CHOREOGRAPHY _____
OTHER _____	
MEMBERSHIP FEE PAID _____	STAFF INITIAL _____
CREDIT CARD ON FILE _____	STAFF INITIAL _____