

REGISTRATION / MEDICAL CONSENT FORM

Dear Parent Guardian,

Your son/daughter is below the legal age of consent (21 years of age). The law requires that we have your permission to give medical service should the need arise. Your signature on this consent form will authorize us to proceed with the care of medical problems that may occur. In the event of any major health problems/issues, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your emergency contact designated below, your child will be taken to the nearest emergency facility available.

Name of Participant (1): _____ Age: _____ Birthdate: _____ M/F: _____

Name of Participant (2): _____ Age: _____ Birthdate: _____ M/F: _____

Name of Participant (3): _____ Age: _____ Birthdate: _____ M/F: _____

Parents/Guardians Name: _____ Home Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mother/Guardian (1) - Mobile Ph: _____ Work Ph: _____ Email: _____

Father/Guardian (2) - Mobile Ph: _____ Work Ph: _____ Email: _____

Emergency Contact: _____ Relation: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Name of Physician: _____ Office Phone: _____

Name of Insurance Carrier: _____ Group ID: _____

Please list any medical conditions or concerns that should be made available to our staff (indicate participant):

Examples are allergies, asthma, diabetes, physical disabilities, current medication, prior injuries/illnesses, physician's requests, etc.

_____ - _____
Date of last complete physical exam: _____

_____ - _____
Date of last complete physical exam: _____

_____ - _____
Date of last complete physical exam: _____

In the event of accident or sudden illness, I do hereby authorize TWIST'N U, Inc. to render whatever emergency medical treatment may be deemed necessary for my child, which may include, but not be limited to medical examinations, x-rays, anesthetic, etc., as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my child participates in TWIST'N U, Inc. activities and/or events.

Parent/ Guardian Giving Consent to TWIST'N U, Inc. Staff & Emergency Care Provider

Date

