



CALIFORNIA SPIRIT EMERGENCY MEDICAL INFORMATION

ATHLETE NAME: _____ BIRTHDATE _____

ATHLETE ADDRESS: _____ CITY/STATE _____ ZIP _____

ATHLETE PHONE: _____ CELL PHONE _____

SCHOOL ATTENDING _____ E-MAIL _____

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

_____ PARENT INITIAL

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

_____ PARENT INITIAL

MOTHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

MOTHER'S ADDRESS _____ CITY/STATE _____ ZIP _____

MOTHER'S EMPLOYER _____ WORK PHONE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

FATHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ E-MAIL _____

FATHER'S ADDRESS _____ CITY/STATE _____ ZIP _____

FATHER'S EMPLOYER _____ WORK PHONE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PERSON TO BE NOTIFIED OTHER THAN PARENT OR GUARDIAN IN AN EMERGENCY

NAME _____ HOME PHONE _____ WK PHONE _____

FAMILY DOCTOR _____ PHONE _____ KAISER # _____

INSURANCE CO. _____ POLICY # _____

MEDICAL INFORMATION

HEART CONDITION YES NO ASTHMA YES NO DIABETES YES NO ALLERGIES YES NO CONVULSIONS YES NO

ALLERGIC TO _____

MEDICATION CURRENTLY TAKING _____

ADDITIONAL MEDICAL INFORMATION THAT MAY BE HELPFUL _____

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

PARENT/GUARDIAN SIGNATURE

DATE

STUDENT NAME	M/F	BIRTHDATE	CLASS TYPE/TEACHER	DAY(S)	TIME
_____	_____	_____	_____ / _____	M T W TH F S	_____
_____	_____	_____	_____ / _____	M T W TH F S	_____

MAKE SURE YOU HAVE COMPLETED RELEASE AGREEMENT THAT MUST ACCOMPANY THIS FORM.