



**PRESENTATION ATHLETICS**  
**INDIVIDUAL MEDICAL WAIVER**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE (INCLUDE AREA CODE): \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S CELL OR BEST NUMBER TO CONTACT: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

EMERGENCY CONTACT (NAME AND PHONE NUMBER):  
\_\_\_\_\_

ALLERGIES: (FOOD, DRUG, ASTHMA) ?    Y    N

IF YES, PLEASE LIST \_\_\_\_\_

TAKING ANY MEDICATIONS AT THIS TIME?    Y    N

IF YES, PLEASE LIST \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

I request that Presentation Academy allow my daughter to participate in fitness workouts/practice sessions/events/tournaments at Presentation Academy. I/We the undersigned hereby certify that I (we) am (are) the parent of legal guardian of the participant. I hereby give permission for the staff/coaches of the team/organization/club to seek appropriate medical attention for the participant in the event of accident, injury, or illness. I will be responsible for any and all of those costs of medical attention and treatment and have medical insurance to cover these costs. I (We) the undersigned, for ourselves, and as guardian(s) of participant \_\_\_\_\_ understand that injuries take place during practice sessions/events/tournaments. I (We) understand that as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in this program. I (We), the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Presentation Academy and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss.

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