

DECAMAN ATHLETICS

High Performance Training Programs

Medical Form

Please fill out complete medical history along with any medications taken and list all allergies (use both sides if necessary).

Name of Participant _____

Health Care Number _____

Insurance (if applicable) _____

Medical History _____

Medications: _____

Allergies: _____

I understand that neither Decaman Athletics/Rich Hesketh nor anyone employed by the program will assume responsibility for accidents, and/ or other expenses incurred as a result of participation in this program. I attest that the above is in good health and able to participate in the physical activity of a vigorous athletic program. In the event of injury or illness, the facility has my permission to provide emergency first care.

Participant's Signature (if over 18 years old)

Date

Parent or Guardian Signature (if under 18 years old)

Date