Group Name_____

Impact '15 Medical Form

(This form needs to be submitted at Registration in duplicate.)

Name: _____

Address: _____

Phone: _____ Cell: _____

Attendee Email: _____ (☐Please add me to your mailing list)

Parent(s)/Guardian Name: (If under 18)_____

Insurance Company: _____

Policy/Group Number: _____

Alternate Contact Person: _____

Emergency Phone Number: _____

Is participant allergic to anything?

Is participant currently taking medication?

Do you currently have any medical concerns?

I understand this form will be used to judge medical attention given to me in the event of an emergency. I authorize the calling of a doctor for providing necessary medical service as needed. In addition, I realize that photographs and video will be taken throughout the Impact event and that pictures of my youth may be used for Impact advertisement purposes.

_____ _____

Parent/Guardian Signature required for those under eighteen Signature