

Medical Waiver and Consent Form



Child's Last Name _____

Date Update _____

Child's Full Name		DOB
Mother's Name		Ph. # (indicate hm, wk, cell)
Father's Name		Ph. # (indicate hm, wk, cell)
E-Mail Address (list multiple contacts if applicable- invoices, newsletters, gym info sent via e-mail)		
Address (street, city, zip)		
Preferred Contact:		Relationship:
Ph. # in case of emergency:		
Allergies (food, medications, etc.)		
Insurance Carrier		Policy #

I, the undersigned Parent/Guardian do hereby give consent for my son/daughter to participate in the training and activities provided by Helena Athletic Club, Inc. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. camp, clinic, out of town activities or events), I do hereby grant my permission to Helena Athletic Club, Inc. and/or any of its staff members to seek immediate treatment for my child should he/she be injured or ill. I hereby release Helena Athletic Club, Inc., including its officers, shareholders, agents, coaches and employees from any liability to the above named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Montana law. In the event of any activities that are locally or nationally televised or photographed, I give Helena Athletic Club, Inc. the right and permission to film, photograph or videotape of my son or daughter for any reproductions associated with or in any way connected with said televised or promotional events or material.

Parent/Guardian Signature _____

Print Name and Date _____

I have read, understand and agree to the HAC Terms and Policies (payment procedure, drop policy, etc.)

