## **Medical Waiver and Consent Form**



Child(ren) Last Name	
Date Updated	

Child's Full Name	DOB	
Child's Full Name	DOB	
Child's Full Name	DOB	
Mother's Name	Ph. # (indicate hm, wk, cell)	
Father's Name	Ph. # (indicate hm, wk, cell)	
E-Mail Address		
Address (street, city, zip)		
Contact if parent can't be reached:	Relationship:	
Ph. # of alternate contact:		
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 understand that written notification of withdrawal must be provided on-line through the Parent Portal, by e-mail or withdrawal slip to the front desk (deposited into inside or outside locked box).
- A \$10 late fee will be applied to accounts not paid by the first class of each month.
- Written notice of auto-pay termination must be made prior to the first of the month intending to withdraw.
- Proration, adjustment or refunds of monthly tuition will not be given.
- Please initial here that you have read, understand and agree to the above policies.