



Emergency Contact

M F

Student Name

Date of Birth

Sex

Parent / Guardian Name

Parent / Guardian Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact / Relation

Secondary Emergency Contact / Relation

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Allergies / Special Health Considerations

Liability Release Agreement

I understand that my participation or that of my child in the activities at the private residence of Dan Kinsinger is optional. I assume all risk of injury for myself or my child(ren), and hereby waive any and all claims which may arise against Dan Kinsinger from any injury or ailment directly or indirectly related to me or my child(ren). I acknowledge that Dan Kinsinger is not a licensed medical practitioner. In the event of a medical emergency, every effort will be made to reach the emergency contact immediately. If the emergency contact is unable to be reached, this authorizes Dan Kinsinger to contact emergency services.

Signature

Your signature below denotes your understanding and acceptance of all the above stated policies and conditions.

Student / Parent - Guardian Signature

Date