

# BILLY BRENT'S

SPEED // AGILITY // QUICKNESS

## S A Q P R O G R A M

### Health History and Medical Release Form

Referred by: \_\_\_\_\_ Name of athlete: \_\_\_\_\_

Athlete phone number: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Emergency contact : \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Athlete's age: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  M  F

**Please answer as accurately as possible. If "Yes" please explain.**

Any heart related conditions: \_\_\_\_\_

Any breathing difficulties or conditions: \_\_\_\_\_

Any injuries involving muscle, tendon, ligament, bone, nerve: \_\_\_\_\_

Any surgeries involving muscle, tendon, ligament, bone, nerve: \_\_\_\_\_

Any histories of seizures: \_\_\_\_\_

List any medications you are on: \_\_\_\_\_

List any other condition or medications you feel we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Medical release (must be completed before beginning this program)

I hereby authorize Billy Brent's Staff to act for me, according to their best judgment requiring medical attention and hereby waive and release Billy Brent's Staff from any liability for any injuries or illness incurred while at camp or during workouts. I have listed any medical conditions or physical impairments that would affect the above named athlete. I understand that many of the activities that may be performed during training sessions will be challenging and intense and agree to allow my child to participate. I also certify that the above named athlete is covered by a medical insurance policy in case of illness or injury.

Parent's/Guardian's Printed Name \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Parent's/Guardian's Phone Number \_\_\_\_\_

Parent's/Guardian's Email \_\_\_\_\_

Date \_\_\_\_\_