

Alleghany County Parks and Recreation
Activity Registration & Health History/Medical Release

Participant's Name _____	Activity _____
School _____	Date _____
Current Grade: _____	School last attended (if different): _____
Date of Birth _____	Age _____ Height _____ Weight _____
Parent's Names: _____	
Email Address: _____	(we may send you future reminders via email)
Address- Home: _____	Mailing (if different): _____
City, State, Zip _____	City, State, Zip _____
Phone- Home: _____	Circle T-Shirt/Jersey Size
Cell: _____	YS / YM / YL / YXL
Work: _____	AS / AM / AL / AXL / AXXL

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU WILL PROVIDE MAY ASSIST PEOPLE IN THE EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY; FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

Please list all information regarding the following:

Are you currently taking any medication? YES / NO	Do you have any allergies to medications? YES / NO
If so, describe _____	If so, Please describe _____
Do you have any allergies? YES / NO	Allergic to bee stings /other insect bites? YES / NO
Are you diabetic? YES / NO	
Please explain anything more about this condition _____	
Do you have asthma? YES / NO	Do you carry an inhaler? YES / NO
Please explain anything more about this condition _____	
Do you have any past injuries? YES / NO	Do you wear glasses or contact lenses YES / NO
If so, please name and describe _____	
Do you have any history of heart problems? YES / NO	Have you ever undergone surgery? YES / NO
If so, please describe _____	If so, please describe the procedure _____

Have you ever had an injury or sickness related to cold or hot weather? YES / NO If yes. Please describe _____	

Are you under treatment for any illness or condition? YES / NO If yes please explain _____	

Please list any dietary restrictions _____	
List any physical limitations you may have _____	

IN CASE OF EMERGENCY

Contact person (other than parent) _____	Relationship _____
Address _____	
Home Phone _____	Work Phone _____ Cell Phone _____

The coaches have permission to provide medical assistance as needed for my child for any injuries that may occur during practice and/or games. This includes administering minor first aid, procuring First Aid Squads or physicians, and/or the transporting of my child to an appropriate medical provider.

Parent's/Legal Guardian's signature _____ Date _____