

Please provide the following information:

Skater Name & Number (if none, leave blank):		Date of Birth:
Living Address:		
Primary Contact Information:		
Name:	Relationship:	Phone Number:
Secondary Contact (Emergency)		
Name:	Relationship:	Phone Number:
Treatment Center Information (the following facilities are covered by my insurance and are listed in order of preference):		
Health Insurance Provider:		Policy Number:
Urgent Care Centers: 1. 2. 3.	Hospitals: 1. 2. 3.	Primary Physician: Phone Number:
My insurance requires pre-approval for urgent care/ER visits:		YES NO
My insurance requires doctor referral for urgent care/ER visits:		YES NO
Medications Currently Taking:	Food/Drug Allergies:	Serious Medical Conditions:
Family History of Medical Conditions:	Additional Information to Provide to Doctors:	

By signing and providing this document, I certify that I have read and understood all information provided in the Cherry Bomb Brawler's Membership Packet, along with all supporting league documents. I certify that I will abide by all CBB Membership requirements.

These records will be kept on file and available at every scheduled CBB event. This information is confidential and will not be shared with any third-party. This information is to keep participants safe in the event of an emergency in which the parent/guardian is immediately unavailable.

Certification of Accuracy/Release from Liability:

- I certify that the above information is accurate and complete to the best of my knowledge.
- I understand that it is my responsibility to keep this information updated and accurate.
- I understand that should I be seriously injured during a practice or a bout, this information will be provided to all appropriate medical personnel.
- I understand that this information will remain confidential, and will not be used to make decisions about my ability to play or my position on the team.
- I understand that by signing below, I am consenting to allow CBB management to take appropriate action for medical treatment, in the event that I am rendered unable to provide directions for my player's treatment.
- I understand that by signing below, I am releasing CBB and their representatives from any and all liability due to complications arising from any medical services provided directly or indirectly to my player's in the event of injury.

Printed Name (Legal Name) of Skater: _____

Signature of Skater: _____ Date: _____

Printed Name (Parent/Legal Guardian): _____

Signature of Parent/Legal Guardian: _____ Date: _____