MEDICAL RELEASE FORM

Child's Name: _____ Child's Date of Birth: _____

IMPORTANT INFORMATION

This Medical Release Form is valid for one year from the date signed by physician unless hospitalization or other specification is listed below by physician or parent.

The child named above is interested in participating in one or more programs with Kinetic Kids Sports and Recreation Programs. Please note that activities may include, but are not limited to: gymnastics (i.e. forward roll and trampoline), headfirst diving, weightlifting, and contact sports.

☐ **By checking this box, the child named above is CLEARED TO PARTICIPATE IN ALL Kinetic Kids sports and recreation programs. Any exceptions list here OR mark below: _____.**

Please check ANY EXCEPTIONS:

____ Baseball
____ Basketball
____ Cheerleading
____ CrossFit
____ Dance
____ Dive
____ Flag Football
____ Golf
____ Gymnastics
____ Karate
____ Music
____ Soccer
____ Swimming
____ Tennis
____ Track & Field
____ Wheelchair Sports
____ Wrestling

MEDICAL INFORMATION

Primary Diagnoses: _____

_____

Precautions or Restrictions on Activity: _____

_____

Medications Taken Regularly: _____

_____

Adaptive Equipment to be Considered: _____

_____

Medical or Surgical Procedures Within the Past Year: _____

_____

PHYSICIAN INFORMATION

I have reviewed medical records and history for _____.
Participation in the above noted program(s) is appropriate with the above noted precautions or restrictions.

_____ _____
Physician's Signature Date completed Physician's address

_____ _____
Physician's Name (Printed) Physician's Phone Number

PLEASE RETURN THIS FORM BY EMAIL TO REGISTER@KINETICKIDSTX.ORG
OR FAX TO (210) 558-2021

******Parents*** Please be sure to keep a copy of this completed form with your records and always bring a copy to the first day of your child's program.***