



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 a medical 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:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Flag Football | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> CrossFit | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music | <input type="checkbox"/> Wheelchair Sports |
| <input type="checkbox"/> Dive | <input type="checkbox"/> Soccer | <input type="checkbox"/> 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 submit this completed form by logging in to your PlayMetrics account. Select your player and click the resources tab. Select upload and please save as (date) followed by (last name, first name) then click add. This form may also be faxed to (210) 558-2021.

Please be sure to keep a copy for your records. This form must be submitted by the 1st day of programs for participation.