Medical Release Form

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.

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

Kinetic Kids provides sports and fine arts porgrams for children with special needs. The child named above is interested in participating in one or more programs with Kinetic Kids. 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 programs.**

Please mark ANY EXCEPTIONS:

___ Archery	___ Dance	___ Martial Arts	___ Tennis
___ AgilityFit/CrossFit	___ Dive	___ Music	___ Track & Field
___ Baseball	___ Flag Football	___ Robotics	___ Volleyball
___ Basketball	___ Fine Arts	___ Skateboarding	___ Wheelchair Sports
___ Bike Camp	___ Golf	___ Soccer	___ Wrestling
___ Cheerleading	___ Gymnastics	___ Swimming	___ _____

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 Name (Printed) _____ Phone _____

Address _____

Please submit this completed form by logging in to your PlayMetrics account. Select your player and click Resources tab. Select upload and save as: "date - last name - first name" then click Add. Or email to info@kinetickidstx.org.

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