

PERSONAL LIABILITY AND MEDICAL RELEASE FORM

Name: _____ Birthdate: : _____

Age: _____ SS: _____

Family Physician: _____ Phone Number: _____

Father's Name: _____ Father's Phone #: _____

Father's Address: _____

Mother's Name: _____ Mother's Phone #: _____

Mother's Address: _____

Emergency Contact Person: _____ Emerg. Cont. Phone #: _____

Address: _____

Name of person Responsible for your medical Bills: _____

Guarantor's Employer: _____ Guarantor's Phone #: _____

Guarantor Employer's Address: _____

Insurance Co.: _____ Plan #: _____

Group #: _____ Insured ID #: _____

Insurance Co. Address: _____

Do you have any known allergies? Y _____ N _____ If yes, please list: _____

When did you receive a Tetanus shot?: _____

Do you have any history of hearing condition, diabetes, asthma, epilepsy, rheumatic fever, or other existing medical conditions? If so, explain here:

Are you taking any medication? Y _____ N _____ If yes, what kind? _____

Do you have any physical restrictions? Explain: : _____

Participant in _____ Advisor _____ Other _____

Parent or Guardian (Please Print) Parent or Guardian (Please Sign) Date

Participant (Please Print) Participant (Please Sign) Date

Participants: Check here if you are 18 or older and can sign for yourself _____

If you do not have any medical insurance, sign here: _____ (School assumes responsibility) Signature Date

Please FAX or MAIL your completed form by January 5, 2007

Fax to: (704) 243-2445 Attn: Bettylyn Krafft

Mail to: Phoenix Challenge Foundation 6805 Pleasant Grove Road, Waxhaw, NC 28173
Attn: Bettylyn Krafft