



**YMCA/JCC MIDDLE SCHOOL TRACK  
SPRING, 2011**

Today's Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Students Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home phone number \_\_\_\_\_

T-shirt size \_\_\_\_\_

Medical Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_

Provider Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone(work) \_\_\_\_\_ Phone(home) \_\_\_\_\_

Phone(cell) \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone(work) \_\_\_\_\_ Phone(home) \_\_\_\_\_

Phone(cell) \_\_\_\_\_

Today's date \_\_\_\_\_ date of Last Physical \_\_\_\_\_

Have you ever had or currently had:

- |   |                |
|---|----------------|
| Relationship from sports for a health related problem           | Y/N/don't know |
| An injury or illness since your last exam                       | Y/N/don't know |
| A chronic or ongoing illness                                    | Y/N/don't know |
| An inhaler or other prescription to control asthma              | Y/N/don't know |
| Any prescription of over the counter medication taken regularly | Y/N/don't know |
| If yes, list _____  |                |
| Surgery, hospitalization, or any emergency room visits          | Y/N/don't know |
| Any allergies to medication                                     | Y/N/don't know |
| Allergies to bee stings, pollen, latex or foods                 | Y/N/don't know |
| If yes, what kind of reaction                                   |                |
| __rash __hives __breathing or other anaphylactic reaction       |                |
| Take any medication/epipen taken for allergy symptoms           |                |
| List _____  |                |
| Any blood disorders   | Y/N/don't know |
| If yes, list _____  |                |

Have you ever had, or do you currently have, any of the following heart related conditions:

Restriction from sports for hear problems ?	Y/N
Chest Pain or discomfort?	Y/N
High blood pressure?	Y/N
Elevated Cholestrol level?	Y/N
Heart infection?	Y/N
Dizziness or passing out during or after exercise without known cause?	Y/N
Has a provider ever ordered a heart test?	Y/N
Racing or skipped heart beats?	Y/N
Unexplained difficulty breathing or fatigue during exercise?	Y/N
Any family member (blood relative)	
Under age 50 with a heart condition	Y/N
Died of a heart problem before age 50	Y/N
Died with no known reason	Y/N
Died while exercising	Y/N

Explain all "yes" answers here including relevant dates \_\_\_\_\_

Injuries since past physical

Sprains/fractures Y/N When \_\_\_\_\_  
Serious illness Y/N When \_\_\_\_\_  
Hospitalizations/visits Y/N/ When \_\_\_\_\_  
Operations Y/N When \_\_\_\_\_  
Concussions/head injuries Y/N When \_\_\_\_\_  
List the following  
    Current medications \_\_\_\_\_  
    Allergies \_\_\_\_\_

#### **RELEASE AND WAIVER OF LEGAL LIABILITY**

I, individually and on behalf of my minor child(ren), hereby release and hold the Fanwood-Scotch Plains YMCA, its assigns and successors, its directors, officers volunteers, and/or others acting on its behalf harmless from all claims that I/we may have arising from activities that I/we may be involved in with the YMCA. I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my/our YMCA activities. I hereby release the YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me/us in connection with any injury that arises from activities at the YMCA. I take full responsibility for my/our welfare and safety at YMCA activities. I hereby give permission for emergency medical treatment to be administered as deemed appropriate. I understand that the YMCA does not carry insurance to cover injuries and losses that may befall me/us. I consent to be photographed and to allow YMCA's use of any photos of me or my minor child(ren) at its sole discretion.

**HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

Signature of parent/guardian \_\_\_\_\_ date \_\_\_\_\_

Register in person at the Fanwood-Scotch Plains YMCA 1340 Martine Ave. Scotch Plains

Or

The JCC of Central New Jersey, Martine Ave. Scotch Plains