

MIDDLEBURG HTS RECREATION IS PROUD TO PRESENT:

*****A.S.K. – Adaptive Sports for Kids*****

This is a uniquely designed SPORTS and RECREATION PROGRAM for physically and mentally challenged children. This form will remain in effect until changed at the request of the parent/guardian.

MEDICAL RELEASE FORM

I DO _____ DO NOT _____ GIVE CONSENT for Emergency Medical treatment of my child
(their name)_____.

*In the event of illness or injury requiring emergency medical treatment, I wish Middleburg Hts.
Recreation to first attempt to contact me () _____(Hm) or () _____(Wk).*

If I am Unavailable to be reached, I CONSENT to medical treatment administered by the preferred:

Physician – Dr. _____ () _____

Dentist - Dr. _____ () _____

In event designated practitioner is unavailable, take child to:

Preferred Hospital _____

And alert Dr. _____

Child's Disability (for instructors information only)_____

PHOTO RELEASE FORM

The following statement regards "authorization" for the use of your child's photograph for the purpose of coverage of A.S.K. PROGRAM activities, publications and in the News Media.

_____ YES, I CONSENT to your using my child's picture

_____ NO, I DO NOT CONSENT to your using my child's picture

Signature Parent / Guardian

Date