

CROSSFIT KIDS EMERGENCY CARD AND PHOTO RELEASE

What information do I/we need to know so that I/we may provide the best care for your child?

Emergency Contact Information: _____

Date: ____/____/____

Child/Minor Name (and nickname if any): _____

DOB: ____/____/____

Parent/Guardian: _____

Cell phone with area code: () _____

Email: _____

Home phone with area code: () _____

Work phone with area code: () _____

SPOUSE/PARTNER CONTACT INFO

Cell phone with area code: () _____

Email: _____

Home phone with area code: () _____

Work phone with area code: () _____

The following people have my consent to pick up my child from CrossFit Harrisonburg:

Name/Cell phone with area code: () _____

Name/Cell phone with area code: () _____

Name/Cell phone with area code: () _____

Release to administer medication (Tylenol) and or rescue inhaler: _____

(please sign and add any additional notes as applicable)

PHOTO RELEASE I hereby give permission for images of my child, captured during regular and special activities, through video, camera and digital camera, to be used solely for the purposes of CrossFit, JV/Varsity or Licensed CrossFit affiliate promotional material publications and website and waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the internet or website.

Name of Minor: _____

Name of Parent/Guardian: _____

Signature: _____

Date: ____/____/____