

RAD, Ilc – ABC FH CLUB INSURANCE / MEDICAL FORM



EVENT = Outdoor Club, Indoor Club, Tournaments, Other _____

Last Name _____ First Name _____

Parent/Guardian Full Name _____

Address _____

City _____ St _____ Zip _____

Participant Cell (_____) _____ Parent/Guardian Cell (_____) _____

Primary Contact Email _____

School _____

Age @ Event _____

Grade Fall of participating year _____

I hereby give permission for my child to be medically treated for injuries or illness during participation in the Reach Athletic Development, Ilc & ABC Field Hockey Club field event(s). I also acknowledge that the participant above is healthy and has no physical problems that would prevent participation in RAD, Ilc & ABC Club events. Primary insurance coverage rests with the participant, parents and or guardian.

Insurance Co _____

Policy # _____

Medical Concerns _____

Allergies _____

Signed _____

must be signed by parent or guardian if participant under 18

Date ____ / ____ / ____



RAD ATHLETICS EVENTS

Reach Athletic Development
15 Apple Lane
Mountville, PA 17554
ABC Field Hockey Club
610-310-4871 email -abcfieldhockey@gmail.com
www.radathletics.com

610-310-4871

email -abcfieldhockey@gmail.com

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