

## Co-Ed Softball Registration & Medical Form

Covenant United Methodist Church Recreation Ministry

(PLEASE PRINT Information)

D.O.B. \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Alternate Emergency name and number:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

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### *Medical Profile*

Name & dosage of any medications that can or must be taken \_\_\_\_\_

Pre-existing or present medical conditions? \_\_\_\_\_

Any known allergic? (food) \_\_\_\_\_ (medicines) \_\_\_\_\_

Hay fever  Heart Condition  Diabetes  Insect Stings

Asthma  Frequent Stomach Upsets  Physical Handicap

Any Major illness during past year  Epilepsy/Nervous Disorders

If any of the above is checked, please include routine means of treatment. \_\_\_\_\_

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### *Medical Release & Permission*

I, do hereby give Covenant United Methodist Church and its representatives permission to administer minor medical attention to me should the need arise. I also release the said institution of all liabilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In order to be on a team THIS SHEET ALONG WITH YOUR \$40 REGISTRATION FEE will have to be turned into the Director of Recreation by Monday, August 23, 2010.