

For questions or registration confirmation, call us: **Oakland** 510-428-3558, ext. 3 or **Walnut Creek** 925-979-3430

Date _____ Class _____

ATHLETE INFORMATION

Athlete's First Name _____ Last Name _____

Age _____ DOB ____/____/____ Gender Female Male Grade _____

Sport(s) _____

Parent/Guardian Name _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Parent/Guardian Name _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Athlete's Address _____ City _____ State _____ Zip _____

Emergency Phone Number _____ Email _____

BACKGROUND INFORMATION

How did you learn about the class? _____

What does the athlete hope to accomplish? _____

Is there anything we need to know in order to better understand the athlete (e.g. recent injury, sports goal, learning disability)? _____

Is there anything you would especially like for us to include in the class? _____

What other sports training programs has the athlete tried? _____

ATHLETE'S CLINICAL/HEALTH HISTORY

Does the athlete have any of the following?	Yes	No
Allergies		
Nutrition concerns		
Diabetes		
Epilepsy, seizures, fainting, concussion		
Heart abnormality/arrhythmia		
Hernia		
High blood pressure		
History of fractures		
Neurological disorders		
Physical disability or impairment that needs special attention		

Are there any communication barriers we should know about? No Yes: _____

Do you have any physical and/or health-related barriers that hinder the athlete from participating in exercise? _____

Athlete's Physician _____

May we contact the physician for pertinent information?

No Yes Phone _____

Current medications _____

Sports Medicine Center's Athlete Development and Sports Performance programs are not a covered service for insurance carriers.

Payment is due at time of registration. Please mail this completed registration form and \$ _____ to

Oakland: Children's Hospital Oakland, Sports Medicine Center
744 52nd St., Oakland, CA 94609 or fax to 510-597-7045.

Walnut Creek: Children's Hospital Oakland, Sports Medicine Center
2401 Shadelands Dr., Ste. 100, Walnut Creek, CA 94598 or fax to
925-979-3435.

Signature of Parent/Guardian or Athlete (if age 17+) _____

CONSENT FOR PARTICIPATION WAIVER AND RELEASE

For questions or registration confirmation, call us: **Oakland** 510-428-3558, ext. 3 or **Walnut Creek** 925-979-3430

This Consent for Participation and Waiver and Release ("Agreement") is legally binding. Do not sign this Agreement until you have read it carefully and understand its contents. This Agreement may affect, reduce or eliminate you/your child's legal rights in certain circumstances.

I am the parent or legal guardian of the minor child (hereafter the Young Athlete):

I hereby consent for this Young Athlete to participate in the following sports training class (the "Class") sponsored by the Sports Medicine Center for Young Athletes at UCSF Benioff Children's Hospital Oakland ("UCSF Benioff Oakland"):

As a condition to my Young Athlete's participation in this Class, I understand, represent, and agree as follows:

1. My Young Athlete has no medical or health condition affecting his/her ability to safely participate fully in, or that will be harmed by, the activities of this Class except as follows:
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If there is any change in my Young Athlete's current medical health condition that affects his/her ability to safely participate fully in, or that will be harmed by the activities of this Class, I am solely responsible for restricting my Young Athlete's participation in the Class to accommodate such change(s).

2. I am responsible for the cost of any medical care provided by UCSF Benioff Oakland or any other health care provider to my Young Athlete in the event of emergencies.
3. I hereby waive, release, discharge, and hold harmless UCSF Benioff Oakland (including but not limited to its Sports Medicine Center for Young Athletes), its affiliated partners, and their respective staff, officers, trustees, directors, employees, agents, contractors, physicians, and other participants in the Class (hereinafter individually and collectively referred to as "Released Party") from liability for any act, omission or negligence in connection with or in any way related to my Young Athlete's participation in the Class, including, without limitation, any inoculations, general medical treatment, or emergency medical treatment, including surgery, rendered to my Young Athlete as a result of injuries incurred in the course or as a result of participating in the Class, unless the same results from any willful misconduct or gross negligence on the part of such Released Party.
4. I agree to defend, indemnify, and hold harmless Released Party from or in connection with any and all liability, loss expense, attorneys' fees, or claims for injury or damages arising out of my Young Athlete's participation in the Class unless the same results from any willful misconduct or gross negligence on the part of such Released Party.
5. This Agreement may not be modified orally. This Agreement shall be binding upon the Young Athlete and each person who has signed it and his or her respective heirs and legal representatives.
6. This Agreement will be governed by and construed in accordance with the laws of the State of California, and exclusive venue of any action brought hereunder will lie in Alameda County, California.

Parent/Guardian (print name) _____ Signature _____

Date _____

Please FAX this form to:

OAKLAND
UCSF Benioff Children's Hospital Oakland
Sports Medicine Center for Young Athletes
744 52nd St.
Oakland, CA 94609
Fax: 510-597-7045

WALNUT CREEK
UCSF Benioff Children's Hospital Oakland
Sports Medicine Center for Young Athletes
2401 Shadelands Dr., Ste. 100
Walnut Creek, CA 94598
Fax: 925-979-3435