Angels Academy

2023-2024 Release & Medical Form

S=Soccer FF=Flag Football FR=Flag Rugby C=Cricket BB=Basketball VB=Volleyball DB=Dodgeball SA=Speed & Agility B=Baseball T=Tennis PB=Pickleball TR=Track

Child's Name	Age	Birthday	Please Circle Day	& Time Each Child P	lans to Attend	MUSIC	ART
Name			Tue 10 11 12 1 2 W	V ed 11 12 1 2 Thu S FF	F FR C BB VB DB SA B T PB TR	10 11 Noon	11 12 1
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Fathers Name Phone				Mothers Name	Pho	one	
Family Email				2 nd Email			
Address			City	Zip Code	Emergency Contact	#	
Doctor Name Doctor							
Insurance Company In			Insurance #	Insurance # Insurance ID			
Do any of your ch	hildren have allerg	gies? If so, v	what?				<u> </u>
Are any of your childre	en on medications which	may affect their	balance, coordination, breat	hing, or heart rate? Please list	medications below:		
Comments:							
			Rel	lease Statement			
			els Academy (AA) and any	or all instructors conducting pr	ractices/activities, hereby give my consent		
					any participant, in any way related to any ggravated by any participants pre-injury st		
					AA & WA, as my agents, to take actions, t		
					nt efforts have been made to contact any li ngels Academy and the Wichita Angels.	sted legal guardian to	notify the
same of the situation. I	also consent to allow p	ictures of video (•	dards of Conduct	ingers Academy and the Wienita Angers.		
1. Love Others	"This is my comma	ndment. That v	you love one another as I h		Speak Honorably "Do all things wi	thout complaining &	& disputing."
2. Honor Authority			erhood. Fear God. Hono			elves in modest appa	
	By signing be	low, I acknowl	edge that I have read and	understand the above Relea	ase Statement and Standards of Con-	duct.	
Fathers Name		Fathers Signature			Date		
Mothers Name	e Mothers Signat			re	Date		