



**HAC PARENT/GUARDIAN OF A MINOR  
CONSENT AND HOLD HARMLESS FORM**

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

I, \_\_\_\_\_ (*printed name of parent/guardian*) being the parent or legal guardian of \_\_\_\_\_ (*printed name of minor*) have been informed of the activity sponsored by Harbor Athletic Club and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Harbor Athletic Club, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

\_\_\_\_\_

This consent form will be in effect until revoked by the parent/guardian signed below.

Signature of parent/guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_



## HEALTH FORM FOR MINOR

Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Sex: \_\_\_\_\_

### Insurance and doctor information:

Do you have health insurance? Yes/No \_\_\_\_\_  
Name of insurance company: \_\_\_\_\_  
Doctor's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Dentist's name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
City/State: \_\_\_\_\_

### Health information:

Please list any current medications taken by minor and dosage: \_\_\_\_\_

Please list any known pre-existing conditions: \_\_\_\_\_

Please list all known allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Does the child wear contact lenses? \_\_\_\_\_ glasses? \_\_\_\_\_

List any known restrictions or other special physical or dietary needs: \_\_\_\_\_

### Emergency Contact information:

#### Primary Contact

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Secondary contact (Please list different contact information than primary contact.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone numbers: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

**Office Use:** Non-Member\_\_ Member\_\_ Member ID# \_\_\_\_\_