

Sport Season Ready: Pre Season Injury Prevention

To begin, please complete the following documents

(note: all forms must be filled out by a parent or guardian over the age of 18 years):

1. Registration form
2. Injury waiver form
3. E-mail to: DABASSETT@mgb.org

REGISTRATION FORM

Name: _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ Height: ____ Weight: ____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Emergency contact: _____ Relationship: _____

E-mail address: _____

Primary Care Physician: _____

Known medical conditions: _____

Previous injuries or surgeries: _____

Allergies: _____

Notes/Comments:

Participant Injury Waiver

Name: _____

Date of Birth: ____/____/____

Current medications: _____

Is there any health condition that might limit your participation in this program? _____

Have you been exercising regularly (circle one) YES NO

By signing your name as a participant in the programs offered by Spaulding Cape Cod, you acknowledge that participation in any and all programs exposes you to possible risk of personal injury. You, being fully aware that participation in our programs exposes you to a possible risk of personal injury, hereby release Spaulding Cape Cod and Mass General Brigham and its officers, directors, employees, agent, licensees, consultants, independent contractors and affiliates from any and all liability, for any and all property damage, personal injuries or other claims arising from or in connection with participation in our programs, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

You agree that you will not now, or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against Spaulding Cape Cod and Mass General Brigham and its officers, directors, employees, agents, licensees, consultants, independent contractors and affiliates, arising out of or relating to the actions, cause of action, claims and demands hereby waived, released or discharged by you.

You acknowledge that you have read and fully understand this Injury Waiver. This agreement will be binding on you, your spouse, your children, legal representatives, heirs, successors, and assigns.

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____