



Name _____

This form must be completed by the parent/guardian of the athlete. This form will serve as the participant's credential and should be carried by the participant at all times during the 2017 Mid-Atlantic Junior Maccabi Games on Sunday, May 7, 2017.

EMERGENCY CONTACT

Name _____

Phone Number _____

Relationship _____

HEALTH HISTORY

- Bleeding/Clotting Disorders
- Frequent Ear Infections
- Diabetes
- Heart Defect/Disease
- Prophylaxis
- Seizure
- Tetanus Injection
- Other _____

ALLERGIES

- Asthma
- Penicillin
- Insect Stings
- Food (specify) _____

CURRENT MEDICATIONS

MEDICAL INSURANCE

Name of Holder _____

Carrier _____

Policy/Group # _____

EMERGENCY AUTHORIZATION

In the event I cannot be reached in an emergency, the undersigned parent/guardian gives permission to the physician selected by the leaders of the Siegel JCC of Wilmington, DE, to hospitalize, secure proper treatment for, to order injection and/or anesthesia or surgery for my child, as named in this application. I understand that the Siegel JCC of Wilmington, DE, is not liable for personal injuries and/or damages of any kind. All participants are required to be covered by a personal or family medical plan including hospitalization, before they participate in this program. We certify that the participant named above has such a plan.

Parent/Guardian Signature _____

Name	_____
Date of Birth	_____
Gender	_____
Sport	_____
Coach	_____
Delegation	_____
Delegation Head	_____

PARTICIPANT CREDENTIAL