



# SPROCKIDS

## 2018 Medical Form

Last Name:	First Name:
Birth date: (mm/dd/yyyy) ____ / ____ / ____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing Address:	
Name of Parent or Guardian:	
Home Phone:	Cell Phone:
Email:	Care Card Number:
Emergency Contact:	Emergency Phone Number:

Are you currently on any kind of medication? Yes  No   
If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Are you allergic to anything? Yes  No   
If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Do you have any other health issues? (i.e. heart, lung, muscle, sensitivities or fears) Yes  No   
If yes, please list the type and severity: \_\_\_\_\_

\_\_\_\_\_

List any previous injuries (which may affect this activity): \_\_\_\_\_

\_\_\_\_\_

**Mountain biking is an adventure sport with inherent risks. Even though there are insurances in place, all participants MUST sign a SMBA waiver and complete a Bike & Helmet Safety Check prior to the start of the sessions.**