



## 2023-2024 Medical Release

Athlete Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Parent #1 Email Address: \_\_\_\_\_

Parent #1 Cell Phone: \_\_\_\_\_

Parent #1 Other Phone: \_\_\_\_\_

Parent #2 Email Address: \_\_\_\_\_

Parent #1 Cell Phone: \_\_\_\_\_

Parent #1 Other Phone: \_\_\_\_\_

### Insurance Coverage

Name of Policy Holder: \_\_\_\_\_

Company: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### Medical History

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Current Medical Conditions, Injuries, or any other pertinent info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Athlete Medical Release: Athlete or Parent, if athlete is under the age of 18 years, hereby authorizes U.S. Ski & Snowboard/Northern Division/Western Region Staff to secure hospital, medical, surgical and dental care or treatment and/or procedures for the above (named) athlete. Parents also consent that in the event of injury to the athlete, coaches can authorize that athlete to receive care, treatment and /or procedures, under the instructions and directions of the licensed physicians on call at the emergency room of the nearest hospital or emergency facility. U.S. Ski & Snowboard/Northern Division/Western Region shall notify Parent at the earliest possible time before, during, or after such care, treatment and/or procedures are authorized. Parent knowingly and voluntarily consents in advance to such care, treatment and or procedures to encourage physicians and U.S. Ski & Snowboard/Northern Division/Western Region to exercise their best judgment as to the requirements of such care, treatment and/or procedures. Parent specifically holds harmless and indemnifies U.S. Ski & Snowboard/Northern Division/Western Region of and from any and/or claims of any nature arising out of the provision of such care, treatment and/or procedure.**

Athlete \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian Name if Athlete is under 18 \_\_\_\_\_

Parent or Legal Guardian Signature if Athlete is under 18 \_\_\_\_\_

Date \_\_\_\_\_

***Please Email to Erin Renna by 11/30/23: [admin@northerndivision.org](mailto:admin@northerndivision.org)***

***Or Mail To:  
Northern Division  
131 Candle Lane  
Bozeman, MT 59715***