



Frederick Hoop Troupe Emergency Medical Assessment & Parental Consent Form

PART 1 HEALTH ASSESSMENT – To be completed by parent/guardian –

Student Name (Last, First Middle)

____/____/____
Birth Date

Address (Street, City, State, Zip)

____-____-____

Phone Number

Parent/Guardian (Female)

Parent/Guardian (Male)

Physician/Nurse Practitioner Name and Address

Phone Number

Dentist Name and Address

Phone Number

Other source(s) from which the student receives health care. (If none, write "None.")

Phone Number





Insurance & Medical Emergency Contact Information:

I understand that the degree of danger and the seriousness of the risk varies significantly with dance, hooping and with working with an object (hoop) carrying the higher risk. I understand the risk inherent in Troupe participation through meetings, written handouts, or some other means. The participant is insured by our family policy with:

Name of Company: _____

Policy Number: _____ Name of Policy Holder: _____

Dental Insurance: _____

In case of an emergency, please contact me at: (H) _____ (C) _____ (W) _____

Emergency Contact 1:

Name: _____ Relationship: _____

Phone Number(s): _____

Address: _____

Emergency Contact 2:

Name: _____ Relationship: _____

Phone Number(s): _____

Address: _____





ASSESSMENT OF PARTICIPANTS HEALTH

To the best of your knowledge, does your child have any problems that may affect his/her participation, cause any concern and/ or be important for the staff to know? Please check () "Yes," or "No" for each of the following:

Medical	Yes	No	Comment	Medical	Yes	No	Comment
Allergies (Drugs,				Eye or Vision			
Asthma				Heart Problems			
Behavior or				Hospitalization			
Birth Defects				Lead Poisoning			
Bladder Problem				Limits on Activity			
Bleeding				Medication			
Bowel Problems				Meningitis			
Cerebral Palsy				Prematurity			
Concussion (Head				Seizures			
Diabetes				Sickle Cell Disease			
Ear Problem or				Speech Problem			

Question	Yes	No	Comments	Question	Yes	No	Comments
Do you know of any reason why this individual should not participate in the Hoop Troupe?				Has the participant ever had (continued):			
Has the individual been advised by a physician during the past year to restrict activity?				head injury?			
Has the participant ever had surgery?				neck injury?			
Has the participant ever:				back pain?			





Question	Yes	No	Comments	Question	Yes	No	Comments
been hospitalized?				shoulder separation or dislocation?			
been unconscious?				pulled ligament or ruptured tendon?			
fainted?				swollen, dislocated, or painful joint?			
had frequent headaches?				serious muscle injury or rupture?			
had convulsions?				Does the participant have loss or seriously impaired function of any paired organ?			
had numbness or tingling of face, arms, hands, legs, or feet?				eye			
had chest pain?				ear			
had shortness of breath?				lung			
had enlarged liver or spleen?				kidney			
become weak or ill when exposed to high temperatures?				testicle/ovary			
Has the participant ever had:				Does the participant wear:			
ankle sprain?				glasses?			
knee trouble (including torn cartilage)?				contact lenses?			
knee cap dislocation?				dental braces?			
broken bone or fracture?				other:			





Frederick Hoop
Troupe

The Western Maryland Hooping Society
PO Box 912, Cascade, MD 21719

- I understand that forgery on any part of this form will result in the student being declared ineligible for the Session for which the student and parent has registered.
- I understand that it is necessary for my child to have a medical emergency form on file with the Western Maryland Hooping Society when practicing or performing in the Western Maryland Hooping Society/Frederick Hoop Troupe activities.
- I agree to inform the Western Maryland Hooping Society and it's organizers of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child.
- By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the organization to perform to provide treatment for any injury or condition resulting from participating in performances/activities for the Frederick Hoop Troupe during the Session covered by this form.

Print Parent Name

Parent or Guardian Signature

Date





Frederick Hoop
Troupe

The Western Maryland Hooping Society
PO Box 912, Cascade, MD 21719

PART III Participation Agreement

I, the parent/guardian of the student named below, hereby give permission for my child to practice and participate in all of the team's activities, as directed by the instructors. I understand that my child will be obligated to attend regularly scheduled practices and events scheduled in the Frederick Maryland area.

I understand that **myself and my child are responsible for her/his behavior at all time**, and agree not to hold the Western Maryland Hooping Society or any of its organizers as well as the Frederick Arts Council Cultural Arts Center, Soolah Hoops and Rock-A-Hoola Hoops responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation may result in exclusion from the team.

PHOTO/MEDIA: I hereby give permission for my child to be interviewed and/or photographed by the media as it pertains to Frederick Hoop Troupe or Western Maryland Hooping Society activities and performances. I also hereby release the Western Maryland Hooping Society, the Frederick Arts Council Cultural Arts Center, Soolah Hoops and Rock-A-Hoola Hoops, and its agents and employees, from all claims, demands, liabilities whatsoever in connections with the above.

Print Parent Name

Print Student Name

Parent or Guardian Signature

Date

Student Signature,

Date





Frederick Hoop
Troupe

The Western
PO Box 912, C
