



Thieves' Guild

Medical/Insurance Information

Personal Information

Name _____ Date _____

Address _____ City _____ State _____

Phone _____ D.O.B. _____

Medical Conditions _____

Drug Allergies _____

General Allergies _____

Please provide any current medication information _____

Emergency Contact

Emergency Contact _____ Phone _____ Relationship _____

Insurance Information

Insurance Provider _____ Name on Policy _____

Policy #/Health ID _____ Family Doctor and Contact _____

Preferred Hospital _____

*Even though we emphasize safety, sometimes injuries happen. All participation is at your own risk.

I do not have medical insurance.

Signature _____ Date _____

Parental Consent (for all minors)

I _____ give parental consent for _____ to participate in the Thieves' Guild Inc. stage combat training. I understand I am responsible for the prompt delivery and pickup of my child as there will be no supervision after the designated time.

Medical Release (for all minors)

I, the undersigned parent of _____, a minor, do hereby authorize representatives of the Thieves' Guild Inc. to use their best judgement in obtaining medical treatment for my child while attending the stage combat training. I give permission to the medical, dental or emergency room staff selected to render any emergency treatment necessary. I understand that any costs incurred for such emergency treatment shall be my sole responsibility.

Signature _____ Date _____