PARTICIPANT MEDICAL INFORMATION AND CONSENT FORM

Winter Sky Independent Colorguard 2026/2027

A completed and signed copy of this form must be submitted upon arrival at the first rehearsal. Forms can be emailed to info@winterskycg.org or submitted at registration.

PARTICIPANT INFORMATION

First Name_____ Pref. First Name_____

Last Name_____ Pronouns_____

Email_____ Sex Male Female

Phone Number_____ Date of Birth_____

Address_____

City_____ ST_____ Zip Code_____

PARENT/GUARDIAN INFORMATION

Required for members under 18 years of age.

Full Name_____

Email_____

Phone_____

Rel. to Member_____

EMERGENCY CONTACT INFORMATION

Required for ALL members.

Full Name_____

Email_____

Phone_____

Rel. to Member_____

MEDICAL INSURANCE INFORMATION

Required for ALL members. Please submit a copy of your health insurance card (front and back) along with this form.

Insurance Company Name_____

Policy Holder's Name_____ Group #_____

Policy Holder's DOB_____ Member ID #_____

HEALTH INFORMATION AGREEMENT

Required for ALL members.

You acknowledge and accept that, in the event of the discovery or reveal of the omission or otherwise absence of notification of a preexisting medical condition(s) that may adversely affect your experience with the guard, we will consider as such a breach of contract and your participation may be terminated at the discretion of the administration.

_____Initials of Member _____Initials of Parent/Guardian if Under 18

NOTE: the existence of a medical condition may not preclude you from this activity, but we need to evaluate all medical conditions to ensure your safety and wellness as well as that of other members.

FOOD ALLERGIES, RESTRICTIONS, INTOLERANCES, AVERSIONS

List any and all issues with food and diet.

_____
_____
_____
_____
_____

MEDICATION ALLERGIES and RESTRICTIONS

List all allergies to medications as well as any OTC/non-prescription medication NOT to administer.

ALLERGIES_____
_____

DO NOT ADMINISTER THE FOLLOWING OTC/NON-PRESCRIPTION MEDICATION:

_____
_____

PRESCRIPTION MEDICATION

List all prescription medication with the condition medication is taken for, dosage, time, and frequency.

_____
_____
_____
_____
_____

MEMBER AGREEMENT

I will take all medication listed above as prescribed by my doctor. I understand that should I be found in possession of any prescription drug not specified herein; action will be taken.

_____Initials of Member

PARENT/GUARDIAN AGREEMENT IF MEMBER IS UNDER 18

My child/ward has my permission to take all medications listed above as prescribed by their doctor. We understand that should our child/ward be found in possession of any prescription drug not specified herein; action will be taken.

_____Initials of Parent/Guardian if Under 18

If you have a special need for treatment with specific over-the-counter medication, prescription medication (such as inhalers and EpiPens), joint braces, or muscle therapy, IT IS YOUR RESPONSIBILITY TO SUPPLY THESE TREATMENTS.

MEMBER HEALTH QUESTIONNAIRE

Please review the following carefully. IF "YES", please supply details.

Please indicate whether you currently have or have a history of any of the following:

	CURR	HIST	
Heart Condition	____	____	_____
Chronic Illness/Arthritis	____	____	_____
Skin Conditions	____	____	_____
Respiratory Condition	____	____	_____
Seizures	____	____	_____
Tendonitis/Shin Splints	____	____	_____
Anxiety	____	____	_____
Depression	____	____	_____
Migraines	____	____	_____
Other (Not Specified Above)	____	____	_____

Please list any surgeries.

_____
_____
_____
_____

Have you ever been restricted from physical activity? If so, why?

_____
_____
_____
_____

Has exercise ever caused you to pass out? Are you able to tolerate the indoor color guard environment including but not limited to long practices which will require extensive physical activity?

_____
_____
_____

Any other medical issues to disclose (including past breaks/fractures):

_____
_____
_____
_____
_____
_____

MEDICAL CONSENT

_____ (name) understands that as a member of the Winter Sky Independent Colorguard, they will engage in practice, competitions, and performance. The undersigned desires that said member receive the proper medical treatment in the event of illness or accident, consents to the administration of all medical treatments as may be deemed necessary and accepts financial responsibility for said treatments. In accepting this consent, Winter Sky Independent agrees to notify a parent, guardian or other identified emergency contact in the event of any serious injury or illness.

- ✓ In case of emergency, I authorize the attending Winter Sky staff/volunteer members to sign release forms for the admitting and treatment of above-named patient. If emergency surgery is required and an emergency contact cannot be reached, I authorize the attending Winter Sky staff/volunteer member to sign proper release forms for surgery and related treatment of above-named patient.

- ✓ I understand that all information provided in this document will be kept in strict confidence and will be available only to Winter Sky staff/volunteers and other authorized personnel who provide first aid and/or medical care as required to render appropriate treatment.

- ✓ I recognize that there are certain inherent risks associated with participating in an indoor color guard and I assume full responsibility for personal injury to myself/my child, and further release and discharge the Winter Sky Independent Colorguard, their employees, volunteer staff, and members for injury, loss, or damage arising out of my/my child's participation in this rigorous activity, receiving first aid and/or medical care, whether caused by the fault of myself/my child, the Winter Sky Independent Colorguard, members, staff, and/or volunteers.

I hereby state that the information provided is complete and accurate to the best of my knowledge and I will notify the staff or administration of any changes in my medical condition or change in contact information

Member Name_____

Member Signature_____

Date_____

Parent/Guardian signature required if member is under 18 years of age.

Parent/Guardian Name_____

Parent/Guardian Signature_____

Date_____