

**Coharie Days of Summer  
Participant Medical Release Form**

**Child's Name:** \_\_\_\_\_ **Name Used:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_  
**Home Phone Number:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Work Numbers:** Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
**Contact Number During Event:** \_\_\_\_\_  
**Child's Allergies/Medical Conditions, etc.:** \_\_\_\_\_  
\_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Child's Dentist:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Person to call in case of emergency if parents cannot be reached:**  
**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_  
**Child calls this person:** \_\_\_\_\_

**Permission Information:**

I, \_\_\_\_\_, hereby give my permission to Coharie Country Club to act in my behalf in getting medical care for my child to should any emergency arise. It is understood that a conscientious effort will be made to locate me or my husband/wife before any action is taken if it is not possible to locate us, this expense will be accepted by us.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Insurance Company and Policy Number)

**Please indicate below your child's experience with sports (i.e., taking lessons, currently participating on a team, etc.)**

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