# 100 BLACK MEN OF THE BAY AREA, INC.
# ATHLETIC PRE-PARTICIPATION HEALTH SURVEY

(To be completed by **student and parent/guardian**)

Athlete's Name _____ School: _____ Grade_____

Address _____

City _____ Zip _____ Phone (  ) _____

Age _____ Birth Date _____ Sex _____

Doctor's Name _____ Doctor's Phone (  ) _____

Health Insurance _____Policy Number _____

**Does your child have any medical condition that will prevent him or her from participating in track & field?** *(Circle Yes or No)*

If so, in order to participate in athletic events sponsored by 100 Black Men of the Bay Area, Inc., your child will need a medical release form signed by his/her primary care provider.

**Does your child have any allergies?** If so please specify,

**Medicines:** _____

**Insects:** _____

**Food:** _____

**Parent or Guardian's Acknowledgment:** I have reviewed and agree with the information presented on this form. I also understand that this survey is primarily for sports participation screening and is not intended to replace the routine health care visits as recommended by the student's personal physician. I know of no reason why the above named student should not participate in supervised athletic activities.

_____/_____

PRINT Name of Parent/Guardian *Signature of Parent/Guardian*

(  ) _____ (  ) _____ / _____

Home Phone Number Work Phone Number Date

(  ) _____ _____ / (  ) _____

Mobile Phone Number Emergency Contact / Phone Number