



# **Bella Collina Junior Golf Academy**

## **2018 Health Form**



**Participant Name: (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_

### **Please List Your Child's Allergies:**

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**Name/Phone of Doctor** \_\_\_\_\_

**Do you carry Medical Insurance? YES** \_\_\_ **NO** \_\_\_

**Carrier** \_\_\_\_\_ **Policy/Group No.** \_\_\_\_\_

### **Consent to Leave Premises:**

I understand and consent to allow my child to leave the premises of Bella Collina San Clemente for the purpose of delivering medical care.

### **Hold Harmless Clause:**

I further agree that Bella Collina San Clemente, its Board of Directors, Officers, Staff and Independent Contractors are hereby relieved of all legal and/or financial liability in the event of accident injury to said minor.