



HEALTH HISTORY FORM

(This form to be completed by Participant or Parent/Guardian if under 18)

Name _____ Age _____ M F

Rock Sport Ministry _____ CIRCLE ONE

Home Address _____
STREET CITY STATE ZIP

Home Phone _____ Work Phone _____ Cell Phone _____

Do you have a family history of sudden death? Circle One: YES NO

Do you have or have you ever had any of the following:

MEDICAL CONDITION	YES	NO	MEDICAL CONDITION	YES	NO
Frequent or severe headaches	_____	_____	Nervous trouble of any sort	_____	_____
Dizziness or fainting spells	_____	_____	Any prophylactic drug use	_____	_____
Unconsciousness at any time	_____	_____	Bronchitis	_____	_____
Allergies	_____	_____	Pneumonia	_____	_____
Heart troubles	_____	_____	Bleeding ulcers	_____	_____
Stroke	_____	_____	Anemia	_____	_____
High/low blood pressure	_____	_____	Diabetes	_____	_____
Chronic stomach trouble	_____	_____	Rheumatic Fever	_____	_____
Kidney stone	_____	_____	Hearing difficulties	_____	_____
Blood in urine	_____	_____	Skin disease	_____	_____
Epilepsy or convulsions	_____	_____	Other	_____	_____
ORTHOPEDIC CONDITION	YES	NO	EXPLAIN YES ANSWERS		
Neck or spine injury or pain	_____	_____	_____		
Paralyzed or unconsciousness	_____	_____	_____		
Dislocated joint	_____	_____	_____		
Ligament injury	_____	_____	_____		
Fractured bones	_____	_____	_____		
Surgery on bones or joints	_____	_____	_____		
Ever had a cast or crutches	_____	_____	_____		
Shoulder/ knee/ankle injuries	_____	_____	_____		

Date of last visual exam: _____

Do you wear corrective lenses? Yes No Glasses Hard lenses Soft lenses (Circle One)
 Ever have an eye injury/surgery? Yes No When? _____ Other: _____

Participant Signature: _____ Parent Signature: _____
REQUIRED IF UNDER 18
 Date: _____ Date: _____



RELEASE OF LIABILITY FORM (RISK) ASSUMPTION OF RISK AGREEMENT FOR ACTIVITIES PARTICIPATION

This is a release of liability and assumption of risk agreement. Read it carefully and sign below. Completion of this release is prerequisite to participation in any sports ministry activity. This release essentially says the individual named below is going to participate in a sports ministry activity which involves inherent risks to participants. If he/she is hurt, injured, or even dies, you (i.e., the participant, parents and/or heirs) will not make a claim against or sue The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, and agents, or expect them to be responsible or pay for any damages.

NOW, THEREFORE LET IT BE KNOWN:

We, the undersigned, understand and acknowledge that _____, (Name of Participant) has voluntarily chosen to participate in a Rock-sponsored activity. We know and fully understand that any athletic activity or competitive sport, including, but not limited to, 4x4 wheeling, badminton, baseball, basketball, biking, boxing, cheer, dancing, fitness & nutrition, football, golf, hiking, hip hop, horseback riding, hula-island praise & dance, karate, martial arts, motorcycle, mountain biking, praise moves-spiritual wellness, roadsters, rock climbing, running, sea kayaking, sailing, skateboarding, soccer, softball, strength training, surfing, tennis, volleyball, weight lifting or wrestling, involves numerous risks, dangers, and hazards, both known and unknown, where serious accidents can occur, participants can sustain physical injuries, damage to their property, and even die. Regardless of whether the athletic activity involves physical contact or not, all physical and/or athletic activities and sports have inherent risks of injury which are inseparable from the activity and cannot be entirely eliminated regardless of the care taken by leaders, participants, coaches, trainers, or other staff. We acknowledge and willingly assume all risks and hazards of potential injury and death in this physical and/or athletic activity, whether in practice, games, meets, recreation or any other type of competition, including any transportation to or from any such event.

_____ 's (Name of Participant) participation in this activity is purely voluntary and it is being done at his/her own risk.

In consideration for The Rock Church allowing the above-named individual to participate in this physical and/or athletic activity, we voluntarily agree to release, waive, discharge, and hold harmless The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents from any and all claims of liability arising out of their negligence, or any other act or omission which causes the student illness, injury, death and damages of any nature in any way connected with the individual's participation in this activity. We also expressly agree to release and discharge The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

As parent or legal guardian of the student/participant if under 18 years of age, I have read and voluntarily agree that my son/daughter may participate in this physical and/or athletic activity, and I sign this release on his/her behalf. In signing this document, I fully recognize and understand that if my son/daughter is hurt, dies, or his/her property is damaged, I am giving up the student's right and the rights of the parents and heirs to make a claim or file a lawsuit against The Rock Academy, Rock Sports, The Rock Church, its Board of Trustees, officers, employees, volunteers, and agents.

California Law provides as follows: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death, occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions, shall sign a statement waiving such claims." (Education Code Section 35330)

WE, THE UNDERSIGNED, HAVE READ THIS DOCUMENT. WE UNDERSTAND THAT WE ARE ASSUMING ALL RISKS INHERENT IN THIS PHYSICAL AND/OR ATHLETIC ACTIVITY, WE VOLUNTARILY SIGN OUR NAME AS EVIDENCE OF OUR ACCEPTANCE OF THE ABOVE PROVISIONS, PARTICIPATION IN THE ACTIVITY AND ANY FIELD TRIP OR EXCURSION ASSOCIATED WITH IT.

INDIVIDUAL PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE (REQUIRED IF PARTICIPANT IS UNDER 18)

DATE

Rock Sports

2277 Rosecrans St. • San Diego, CA 92106 • Phone: (619) 226.7625 • Fax: (619) 223.3863
rocksports@therocksandiego.org