

**KENYON COLLEGE CLUB SPORTS**  
**EMERGENCY MEDICAL INFORMATION: 2015– 2016 (Mandatory)**

(TO BE COMPLETED PRIOR TO INDIVIDUAL TRY-OUT OR TEAM PARTICIPATION)

In addition, club needs copy at all competitions & practices (viewed w/discretion as necessary)

Name of Club Sport \_\_\_\_\_

Student's Full Name (print) \_\_\_\_\_

Kenyon Student ID# \_\_\_\_\_

Campus Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone Number (cell): \_\_\_\_\_ (home): \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Emergency Contacts (name and phone numbers)

1. \_\_\_\_\_

(Full Name)

(Relationship)

(Day Phone #)

(Evening Phone #)

2. \_\_\_\_\_

(Name)

(Relationship)

(Day Phone #))

(Evening Phone #)

Current Medication(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

Wears contact lenses? \_\_\_\_\_

Wears glasses? \_\_\_\_\_

Please list any temporary or chronic illnesses or diseases from which you suffer:

Have you had any major injury, illness, or surgery relating to cerebral concussion, joint injury (knee, ankle, etc.), fracture, or organ loss previous to participation in a Kenyon Club Sport activities? If so, please indicate specifically.

Do you know of, or believe there is, any health reason why you should not participate in Kenyon Club Sport activities? \_\_\_\_\_ If yes, please indicate why.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_