

# Medical Form – DEVO Jr. Team

Please check which group your son/daughter will be riding in

Jr. Devo 1<sup>st</sup> grade \$120 \_\_\_\_\_ Jr. Devo 20” \$120 \_\_\_\_\_ Jr. Devo 24” Weds. \$120 \_\_\_\_\_

Jr. Devo 24”Thu. \$120 \_\_\_\_\_ Jr.DevoAllGirlsRide Weds. \$120 \_\_\_\_\_

Member’s Registration will not be accepted without a completed and signed medical form by parents or guardian.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # (if you have one) \_\_\_\_\_

Email \_\_\_\_\_

Name of Legal Parent or Guardian (please designate) \_\_\_\_\_

Address if different from above \_\_\_\_\_

Business or Cell Telephone (father) \_\_\_\_\_ (mother) \_\_\_\_\_

For emergency if parents or guardian are unavailable:

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Medical insurance company name \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Insurance company telephone # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ (for emergency medical care only)

Member’s doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Member’s dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Orthodontist \_\_\_\_\_ Telephone \_\_\_\_\_

If, in the opinion of a properly licensed and practicing physician, my (son/daughter) needs medical or surgical services which require (my/our) authorization or consent before being supplied, we hereby authorize, appoint, and empower Durango Devo to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and to release any records necessary for insurance purposes; and to provide or arrange necessary or related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. (I/we) release Durango Devo from any liability which might arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (son/daughter) be furnished with such medical or surgical services as soon as reasonably possible after the need arises. The completed form may be photocopied for trips out of camp.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Restrictions \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my DEVO Team activities by my parents or doctor.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

**Durango Devo  
10 Town Plaza #110  
Durango, CO 81301  
970.764.5758**