



THIEVES GUILDE

Medical/Insurance Information

Personal Information

Legal Name _____

Date of Birth ____/____/____

Address _____

City _____ State ____ Zip _____

Phone (____) _____ Alt. Phone (____) _____

Emergency Contact (if a minor, at least one must be a parent or guardian)

Emergency Contact _____

Relationship _____ Phone (____) _____

Emergency Contact _____

Relationship _____ Phone (____) _____

Insurance Information

Insurance Provider _____

Name on Policy _____

Policy # _____

Family Doctor and Contact _____

Preferred Hospital _____

I do not have medical insurance.

*Even though we emphasize safety, sometimes injuries happen. All participation is at your own risk.



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Medical Information

Medical Conditions _____

Drug Allergies _____

General Allergies (Environmental / Food) _____

Please provide any current medication information _____

Signature _____ Date _____

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Signature _____ Date _____

Parental Consent (for all minors)

I give parental consent for _____ to participate in Thieves Guild training, performances, or other activities. I understand I am responsible for the prompt delivery and pickup of my child as there will be no supervision after the designated time.

Medical Release (for all minors)

I, the undersigned parent of _____, a minor, do hereby authorize representatives of the Thieves Guild to use their best judgment in obtaining medical treatment for my child while participating in training, performances or Guild activities. I give permission to the medical, dental or emergency room staff selected to render any emergency treatment necessary. I understand that any costs incurred for such emergency treatment shall be my sole responsibility.

Signature _____ Date _____

Printed Name _____

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