



## Individual Registration/Medical Release Form

Each participant must submit this completed form

Participant's name \_\_\_\_\_ Male / Female (circle one) Age: \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_

Phone number: \_\_\_\_\_

Physician \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance agency and policy number \_\_\_\_\_

Known allergies \_\_\_\_\_

Medication \_\_\_\_\_

Special needs \_\_\_\_\_

I, \_\_\_\_\_ (parent/legal guardian), hereby acknowledge that NLT is not responsible for any injury my child may incur during her/his time spent at NLT. I further release from any liability NLT and its Staff and/or Leadership in the event of any accident and authorize NLT Staff and/or Leadership to provide medical assistance. I authorize NLT to seek appropriate medical attention if needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date