



Medical Waiver

**Team**

Color: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Emergency Name and Contact Number: \_\_\_\_\_

Complete \_\_\_\_\_

Address: \_\_\_\_\_

Medical History:

Allergies:

Asthma

Bee Sting

Diabetes

Medications: \_\_\_\_\_

Heart Disease

Others: \_\_\_\_\_

Lung Disease

Others: \_\_\_\_\_

**\* The games require running, jumping and other vigorous movements.  
Expectant mothers are highly discouraged to participate.**



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