



Emergency Release Card

At the time of enrollment, get this card completed and keep in a separate file box in a convenient, common location where any Velocity Sports Performance center staff member can find it immediately. If an emergency should arise and the student/athlete cannot communicate or you can not reach the parent/guardian, this will give you permission to begin care. The Emergency Contact Information form will provide additional information to use in a non-critical emergency situation.



Emergency Release

Athlete _____ Age _____

Address _____ Phone _____

Doctor _____ Phone _____

Hospital Preferred _____

___ Relative ___ Neighbor: Name _____

Address _____ Phone _____

In the event of an emergency where I (or my spouse) cannot be contacted, I authorize 365 Performance to secure whatever medical care is necessary for the safety and well being of my child. I will assume all costs incurred for emergency care.

Signature of Parent/Guardian