



Bella Collina Junior Golf Academy **2019 Health Form**

Participant Name: (Last) _____ **(First)** _____

Please List Your Child's Allergies:

Name/Phone of Doctor _____

Do you carry Medical Insurance? YES ___ **NO** ___

Carrier _____ **Policy/Group No.** _____

Consent to Leave Premises:

I understand and consent to allow my child to leave the premises of Bella Collina San Clemente for the purpose of delivering medical care.

Hold Harmless Clause:

I further agree that Bella Collina San Clemente, its Board of Directors, Officers, Staff and Independent Contractors are hereby relieved of all legal and/or financial liability in the event of accident injury to said minor.