

## Medical Information

Hospitalization Plan: Claim No. \_\_\_\_\_ Company \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

**ALL THE ABOVE INFORMATION MUST BE 18 YEARS OF AGE OR OLDER.  
IN THE EVENT OF A MINOR ENROLLING AT SAMUEL L. FELTON JR.  
ATHLETIC CLUB, FUNDAMENTALLY SOUND LLC THIS RELEASE OF  
LIABILITY MUST BE COMPLETED BY A PARENT / GUARDIAN BEFORE  
ENROLLMENT IS GRANTED**