

Union Adventist University | 3800 S. 48th St. | Lincoln, NE 68506 Rev. 01/06/26

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number(s): _____

Emergency Contact (if different): _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

As the parent or legal guardian of the minor named above, I hereby give my consent for authorized representatives of Union Adventist University to secure necessary medical treatment for my child while participating in any university-sponsored Sport Acrobatics & Tumbling classes, including transportation to and from such activities.

I understand that every effort will be made to contact me or the emergency contact listed above in the event of a medical emergency. However, if I cannot be reached, I authorize the staff or agents of Union Adventist University to obtain medical treatment deemed necessary by a licensed healthcare provider, including but not limited to medical examinations, diagnostic procedures, anesthesia, surgery, or hospital care.

I agree to assume full responsibility for all expenses incurred in connection with any treatment or care provided to my child. I acknowledge that Union Adventist University does not provide medical insurance coverage for program participants and that it is my responsibility to maintain adequate insurance.

Allergies and Medical Conditions:

(Please list any known allergies, medications, or medical conditions the staff should be aware of.)

Health Insurance Provider: _____

Policy Number: _____

Policyholder Name: _____

Parent/Guardian Consent and Signature:

I have read and understand this consent form and authorize medical treatment as stated above.

Parent/Guardian Name (printed): _____

Signature: _____ Date: _____