

Roll Model Legal Name \_\_\_\_\_

Roll Model Derby Name/Alias \_\_\_\_\_



## Emergency, Health, and Medical Information

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Who should we contact in case of emergency? Local contacts preferred.

**1: Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt phone: \_\_\_\_\_

**2: Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt phone: \_\_\_\_\_

**3: Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt phone: \_\_\_\_\_

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**Do you have any medical conditions or allergies the league should know about?** Include things that might impact participation in RAJRD functions such as previous injuries, severe allergies, etc. and preferences for handling these circumstances should they arise.

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**Do you take any medications? Is there any pertinent health information to share with emergency medical personnel? Please specify below (or specify where to find that information in the event such information is necessary)**

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## Rochester Area Junior Roller Derby Photo/Video Release

I \_\_\_\_\_, hereby give written consent for the use of videos or photographs of myself in connection with any Rochester Area Junior Roller Derby events. Additionally, I hereby grant to you, your successor, assigns and licensees the perpetual right to use, as you may desire, all motion pictures and sound track recordings which you may make of me, and the right to use my name or likeness in or in connection with the exhibition or any other use of such video or recording.

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_

**-OR-**

**I DO NOT** give consent to Rochester Area Junior Roller Derby to utilize (initial applicable lines)

\_\_\_\_\_ pictures

\_\_\_\_\_ videos

\_\_\_\_\_ identification by derby name/pseudonym

of myself \_\_\_\_\_ as listed in the above mentioned photography policy.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_