



CHILDREN'S HOSPITAL  
& RESEARCH CENTER OAKLAND

Children's Hospital & Research Center Oakland  
**SPORTS MEDICINE CENTER FOR YOUNG ATHLETES**  
ATHLETE DEVELOPMENT PROGRAM REFERRAL FORM

For questions or registration confirmation, call us: **Oakland** 510-428-3558, ext. 3 or **Walnut Creek** 925-979-3430

Date \_\_\_\_\_ **Athlete Development Program Referral Form**  Oakland  Walnut Creek

**ATHLETE INFORMATION**

Athlete's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Female  Male Grade \_\_\_\_\_

Sport(s) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Athlete's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**ADDITIONAL INFORMATION**

Specific technique to be analyzed \_\_\_\_\_

What do you hope to accomplish for the athlete? \_\_\_\_\_

\_\_\_\_\_

Is there anything we need to know in order to better understand the athlete (e.g. recent injury, sports goal, learning disability)? \_\_\_\_\_

\_\_\_\_\_

**EVALUATIONS** (please check all that apply)

- Sports Technique Video Analysis
- Body Composition Analysis
- Sports Fitness Testing
- Sports Training Programming
- Other \_\_\_\_\_

**REFERRER INFORMATION**

Physician/Physical Therapist/Coach Name \_\_\_\_\_

Practice/Institution Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**A written report will be sent to you with findings and recommendations.**

**Please FAX this completed registration form to**

**OAKLAND**

Children's Hospital Oakland  
Sports Medicine Center for Young Athletes  
744 52nd St.  
Oakland, CA 94609  
**Fax: 510-597-7045**

www.childrenshospitaloakland.org

**WALNUT CREEK**

Children's Hospital Oakland  
Sports Medicine Center for Young Athletes  
2401 Shadelands Dr., Ste. 100  
Walnut Creek, CA 94598  
**Fax: 925-979-3435**



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## CONSENT FOR PARTICIPATION WAIVER AND RELEASE

For questions or registration confirmation, call us: **Oakland** 510-428-3558, ext. 3 or **Wlnut Creek** 925-979-3430

This Consent for Participation and Waiver and Release ("Agreement") is legally binding. Do not sign this Agreement until you have read it carefully and understand its contents. This Agreement may affect, reduce or eliminate you/your child's legal rights in certain circumstances.

**I am the parent or legal guardian of the minor child (hereafter the Young Athlete):**

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**I hereby consent for this Young Athlete to participate in the following sports training class (the "Class") sponsored by the Sports Medicine Center for Young Athletes at Children's Hospital & Research Center Oakland ("CHRCO"):**

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**As a condition to my Young Athlete's participation in this Class, I understand, represent, and agree as follows:**

1. My Young Athlete has no medical or health condition affecting his/her ability to safely participate fully in, or that will be harmed by, the activities of this Class except as follows:

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If there is any change in my Young Athlete's current medical health condition that affects his/her ability to safely participate fully in, or that will be harmed by the activities of this Class, I am solely responsible for restricting my Young Athlete's participation in the Class to accommodate such change(s).

2. I am responsible for the cost of any medical care provided by CHRCO or any other health care provider to my Young Athlete in the event of emergencies.
3. I hereby waive, release, discharge, and hold harmless CHRCO (including but not limited to its Sports Medicine Center for Young Athletes), its affiliated partners, and their respective staff, officers, trustees, directors, employees, agents, contractors, physicians, and other participants in the Class (hereinafter individually and collectively referred to as "Released Party") from liability for any act, omission or negligence in connection with or in any way related to my Young Athlete's participation in the Class, including, without limitation, any inoculations, general medical treatment, or emergency medical treatment, including surgery, rendered to my Young Athlete as a result of injuries incurred in the course or as a result of participating in the Class, unless the same results from any willful misconduct or gross negligence on the part of such Released Party.
4. I agree to defend, indemnify, and hold harmless Released Party from or in connection with any and all liability, loss expense, attorneys' fees, or claims for injury or damages arising out of my Young Athlete's participation in the Class unless the same results from any willful misconduct or gross negligence on the part of such Released Party.
5. This Agreement may not be modified orally. This Agreement shall be binding upon the Young Athlete and each person who has signed it and his or her respective heirs and legal representatives.
6. This Agreement will be governed by and construed in accordance with the laws of the State of California, and exclusive venue of any action brought hereunder will lie in Alameda County, California.

Parent/Guardian (print name) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

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