



BROOKLAND FOUNDATION



Project Young Athlete Information Sheet

Full Name (*First and Last*): _____

Telephone #: _____

Email: _____

Name/Type of Sport: _____

School: _____ School District: _____

County of Residence: _____

DISCLAIMER

I _____ (**applicant full name**) understand that **Project Young Athlete** is a voluntary health care access program designed to support healthy participation in physical activity and team building skill development while reducing risk of childhood obesity among middle school students. I understand that demographic information above will be used to measure the number of middle school students who receive free vouchers; number of schools; number of school districts; and number of counties reached through the project.

I _____ (**applicant full name**) understand that the Brookland Foundation (BF) will cover the cost for "one" free physical through a partnership with Doctors Care (DC). The BF is not responsible for any further costs or fees associated with any additional treatments or services rendered by DC. Medical information concerning physical results will not be shared with the BF. The BF is not responsible for any injuries/occurrences and is withheld from any expenses incurred in connection therewith.

Parent/Guardian Signature: _____

Brookland Foundation Signature: _____

☐ **Attach or email a picture of your choice to be used in future marketing information or presentations.**

☐ Complete this form and email to hwguild@brookland.cc no later than September 31, 2021. Information sheet may also be placed in the Health and Wellness Program mailbox in the Brookland Foundation office.

Contact the Brookland Foundation- Kristopher Jones at (803) 803-744-7914 with any questions.