

McKinney Track Attack

PARENT/GUARDIAN CONSENT AND ATHLETE MEDICAL RELEASE FORM

Athletes Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____
Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name _____ Home Phone: _____ Work Phone: _____

Name _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for Track and Field and members of McKinney Track Attack accepting my son/daughter as a athlete in the Youth Track and Field program and activities of McKinney Track Attack and its members (the "Program"), I consent to my son/daughter participating in the Program. Further, I hereby release, discharge, and otherwise indemnify McKinney Track Attack, its member organizations and sponsors, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Program, against any claim by or on behalf of my Athlete son/daughter as a result of my son's/daughter's participation in the Program. I confirm that my son/daughter is physically capable of participating in the sport of Track And Field. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Program.

Signature of Parent/Guardian _____ Date _____