

This must be completed- legibly- and signed in all areas by both the athlete and his/her parent or guardian. By signing this form the participant affirms having read it.

Name _____
Last First Birth

Date Age Gender

Primary Contact: Parent or Guardian	
Name _____	Address _____
_____	Zip _____
Phone _____	Alternate Phone _____

Secondary Contact: _____ Parent/Guardian _____ Other	
Name _____	Address _____
_____	Zip _____
Phone _____	Alternate Phone _____

Primary Insurance Co. _____ Primary Group/Policy # _____

Family Physician Name _____ Physician Phone _____

Please elaborate on <u>any medical conditions</u> of which we should be aware: Any <u>medications</u> currently being taken: Any <u>allergies</u> : If none, please write None.
--

Signed _____ Date: _____
Participant

Participant, _____ has my permission to participate in training, competition, events, activities and travel sponsored by the Jefferson County Jets Track Club or any AAU/USATF meet. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed _____ Relationship: _____ Date: _____

If, during the course of my daughter's/son's activities in track, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for bills incurred through my insurance company. Signed _____ Date: _____ Parent or Guardian

Or

I do not authorize emergency medical/dental care for my daughter/son. Signed: _____ Date: _____ _____ Parent or Guardian
--

STATE OF _____ COUNTY OF _____

SWORN TO BEFORE ME, a Notary Public, by said _____ personally
know to me this _____ day of _____, 20 _____.

_____ My Commission Expires

Notary Public