

Heartland Youth Track Club

2010 SUMMER OUTDOOR PARTICIPATION APPLICATION

ATHLETE'S INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SCHOOL _____ GRADE _____

BIRTH DATE ____ / ____ / ____ AGE ____
MONTH DAY YEAR

PREVIOUS EXPERIENCE IN TRACK & FIELD or Cross Country?
Yes No

HEIGHT ____ FT ____ IN WEIGHT ____ LBS
EVENTS: _____

DISABILITIES? YES NO

IF YES, PLEASE INDICATE ALL THAT APPLY:

SIGHT

HEART DISEASE

CANCER

HEARING

BLOOD DISORDERS

SKIN CONDITION

ORTHOPEDIC

RESPIRATORY

EMOTIONAL DISORDER

EPILEPSY

KIDNEY DISEASE

DIABETES

OTHER (PLEASE SPECIFY)

PLEASE SPECIFY NATURE, EXTENT, AND SPECIAL CARE, IF ANY: _____

NOT APPLICABLE

PLEASE LIST ALL KNOWN INJURIES: _____

NOT APPLICABLE

DOCTOR'S NAME _____ PHONE _____

MEDICAL INSURANCE _____

POLICY/MEMBERSHIP NUMBER POLICY HOLDER: _____

PARENT/GUARDIAN CONTACT INFORMATION

NAME

ADDRESS

PHONE

MOTHER: _____

FATHER: _____

CARE GIVER: _____

PARENT Email Address (REQUIRED): _____

WHO CAN WE CONTACT IN CASE OF AN EMERGENCY?

NAME RELATIONSHIP ADDRESS PHONE

PARENT /GUARDIAN SIGNATURE: _____ DATE: _____

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MEDICAL RELEASE FORM

I, _____ understand that _____'s participation with the Heartland Youth Track Club (HYTC) will include strenuous exercise. Although it is normal to experience soreness and fatigue, the potential for injury does exist. I agree to absorb any and all expenses related to any injury incurred by the above-mentioned participant. I also agree to release the HYTC, staff, sponsors, and affiliates from any liability resulting from injury of any nature to the above-mentioned participant. By signing this waiver, I am proclaiming full responsibility for all cost in transporting, diagnosis, and treatment to the above mention participant, as well as any follow up care or procedures necessary.

I HAVE READ, AGREE TO, AND FULLY UNDERSTAND THE ABOVE WAIVER:

PARENT, GUARDIAN, OR CAREGIVER'S SIGNATURE

DATE

ADDRESS OF PARENT, GUARDIAN, OR CAREGIVER

CITY

ST

ZIP

