



MEDICAL WAIVER FORM
Please complete one form for each registered athlete

Legal Name _____ Age _____ Birthdate _____

Address _____ School _____ Fall Grade _____

Parents' /legal guardians' Names _____

Parents' Cells 1) _____ 2) _____

Parent email _____

Emergency Contact (other than parent):Name _____ Phone _____

Physician _____ Phone _____

Insurance Company _____ Policy # _____

Dentist _____ Phone _____

Allergies/Special Health Considerations: _____

Medical Authorization: I authorize all medical and surgical treatment, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature Date

Travel Authorization: I give my permission for my child to travel with the team for club related events. I release DCTFC and individuals from liability in case of accident during activities related to DCTFC, as long as normal safety procedures have been followed. I agree to allow DCTFC to register my child with USATF.

Parent/Guardian Signature Date

Waiver: I hereby give permission for my child listed above to participate in practices with the Davis Community Track and Field Club. I verify that my child has had a physical exam in the last year and is capable of participating in the activities of the club, including but not limited to running, hurdling, jumping, throwing and pole vaulting. I agreed to indemnify, hold harmless and defend the coaches of the Davis Community Track and Field Club from any and all liability for injury to my child, as well as any injury or damage caused by my child.

Parent/Guardian Signature Date