

**Diablo Valley Track & Field Club
Cross-Country 2010 Release Form**

Athlete (1) Name: _____

Birthdate: _____ Sex: M F

2010 USATF#: _____ (for returning athletes only who chose to renew online)

-OR-

2010 USATF application form attached

Athlete (2) Name: _____

Birthdate: _____ Sex: M F

2010 USATF#: _____ (for returning athletes only who chose to renew online)

-OR-

2010 USATF application form attached

Home address: _____ **Phone:** _____

Email*: _____

(*please write legibly – email is our primary means of communication!)

Mother's name: _____ **Phone:** _____

Father's name: _____ **Phone:** _____

Emergency contact: _____ **Phone:** _____

Doctor: _____ **Phone:** _____

Consent for Medical Treatment: As the parent or guardian of the above name club member(s) I hereby give my consent for emergency health care administered or prescribed by a duly licensed health care practitioner, EMT or paramedic.

Medical Insurance: My child(ren) participating in this program are included in a medical insurance policy that I maintain.

Medical Condition: My child(ren) have no medical conditions that require special attention, unless otherwise noted on back.

Release: for myself, children, heirs, executors, administrators and assignees, I hereby release all rights and claims for damage against DVTF and for any and all injuries suffered by my child(ren) or me traveling to and from and during practice and meets during the upcoming season. I also attest to the fact that my child(ren) is/are in good health, physically fit and able to participate in a track and field program.

Non-refundable Fees: I have enclosed a check for \$160 per athlete (current 2010 DVTF members or non-DVTF members with 2010 USATF number) or \$180 per athlete (non-USATF member) to cover the cost of the Diablo Valley Cross-Country program through the Region 14 Junior Olympic qualifying meet.

I have read, understood and agree to the terms on this form.

Signature of parent or guardian: _____ Date _____