

**Diablo Valley Track & Field Club
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 \$60 per athlete to cover the cost of the two-week trial period (\$40) and the mandatory USATF membership (\$20) for insurance purposes. **Returning athletes with a valid 2010 USATF membership # (one that begins with 20xxxxxxx) need enclose only \$40.**

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

Signature of parent or guardian: _____ Date _____