

**Diablo Valley Track & Field Club  
2011 Release Form  
NEW MEMBER**

**ATHLETE (1) NAME:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M F

**2011 USATF#:** \_\_\_\_\_ **-OR-** **2011 USATF application form attached**

**ATHLETE (2) NAME:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M F

**2011 USATF#:** \_\_\_\_\_ **-OR-** **2011 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:** \_\_\_\_\_

**Release of Liability and Medical Representations**

**Consent for Medical Treatment:** As the parent or legal guardian of the above name DVTFC 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 below.

**Liability Release:** for myself, children, heirs, executors, administrators and assignees, I hereby release all rights and claims for damage against DVTFC, its coaches, club organizers, and other volunteers for any and all injuries suffered by my child(ren) or me traveling to and from and during practices 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 Fee(s):** I have enclosed a check for \$50 per athlete made out to DVTFC to cover the cost of the two-week trial period and the mandatory USATF membership for insurance purposes. New DVTFC Members with a valid 2011 USATF membership number (one that begins with 21xxxxxxx) need enclose only \$30.

**If my athlete(s) continue(s) with DVTFC through May 15, an additional non-refundable fee of \$240 is due the week of March 14. (Subtract \$40 for each additional athlete).**

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

Signature of parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_

Printed name:

**\*\*\* Medical condition(s) requiring special attention:** \_\_\_\_\_ **\*\*\***