

**Diablo Valley Track & Field Club (DVTFC)
2012 Release Form
RETURNING / FORMER MEMBER**

ATHLETE (1) NAME: _____

Birthdate: _____ Sex: M F

2012 USATF#: _____ **-OR- 2012 USATF application form attached**

ATHLETE (2) NAME: _____

Birthdate: _____ Sex: M F

2012 USATF#: _____ **-OR- 2012 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 Fees: I have enclosed a check for \$300 per athlete to cover the cost of the DVTFC spring season through May 13 and the mandatory USATF membership for insurance purposes. Returning DVTFC Members with a valid 2012 USATF membership number (one with number sequence of 82xxxxxx38) need enclose only \$280. (Subtract \$50 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: _____ *****