



## INFORMATION & PARTICIPATION WAIVER

Date: \_\_\_\_\_

The purpose of this form is to give permission for my son or daughter to participate in a youth sport or activity sponsored by Tallahassee Zoom Track Club. It is also the purpose of this form to enable parents or guardians to authorize the providing of emergency medical treatment for their child who is injured or becomes ill while participating in any activity, event, or practice in the event a parent or guardian cannot be reached.

I/We, the undersigned, parent(s) or legal guardian(s) of (Athlete name) \_\_\_\_\_ recognize the potentially hazardous nature of youth sports and that an injury might be sustained. In the event of such an injury to my child where we cannot be contacted, we give permission to a licensed physician to render such treatment as would be normal and agree to pay usual charges for such treatment.

I/We release *Tallahassee Zoom*, its coaches, volunteers, and any owned, loaned, or leased facilities from any personal injuries or damages caused by or resulting from my child participating in this activity. I/We understand that this release applies to any present or future injuries.

I/We further certify that to my knowledge there is no medical reason why my son or daughter cannot safely participate in said sports activities and that my child agrees to abide by all rules and regulations of track & field and the facility.

**Child's Name:** \_\_\_\_\_

**D.O.B./AGE:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Physician Contact #:** \_\_\_\_\_

**Emergency Name & Contact #:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Name on Policy/ID #:** \_\_\_\_\_

**Medical conditions (allergies, medications, chronic illness, or other health issues):**

\_\_\_\_\_  
\_\_\_\_\_

