

Redondo Premier Track Club --- Enrollment Medical Waiver

Waiver is needed for each athlete!

Parent/Guardian Information

Childs First Name: _____ Last name: _____

Age, Birthdate: _____

Health Conditions: _____

E-Mail Address: _____

Parent or Guardian Name: _____

Cell Phone: _____ Okay to receive text: Yes No

Emergency Contact: _____

Emergency Phone Number: _____

I have enrolled my child in a program of physical activity. I hereby affirm that he/she is in good physical condition and does not suffer from any disability that prevents or limits his/her participation in Redondo Premier Track Club. I realize there are physical risks when participating in physical activity and I hereby release Redondo Premier Track Club and Bob Leetch from any liability now or in the future including, but not limited to, pulls or tears, broken bones, shin splints, heat prostration, knee/lover back/ foot injuries and any other illnesses, soreness or injury however caused, occurring during or after my child's participation in a Redondo Premier Track Club camp or clinic.

I have read and understand all policies.

Parent's Signature: _____

Date: _____

Personal Insurance Company: _____ Policy#: _____

USATF Membership is required to participate in any Redondo Premier Track Club camp or clinic. Apply online at <http://www.usatf.org/membership/>.

Our Club number is 33-1025 and the Club name is Redondo Premier Track Club.

Your child's USATF # _____