

# LEBANON TRACK CLUB MEMBERSHIP APPLICATION, PARTICIPATION WAIVER AND MEDICAL INFORMATION

New Member  
 Renewal from last year (previous (USATF Number \_\_\_\_\_))  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_ email \_\_\_\_\_  
Sex M/F \_\_\_\_\_ Age Today \_\_\_\_\_ Date of birth \_\_\_\_\_  
Parent's names and phone numbers:  
Mom \_\_\_\_\_  
Dad \_\_\_\_\_

T-Shirt Size(check one):  
 Child S(6-8)       Child M (10-12)       Child L(14-16)  
 Adult S       Adult M       Adult L

Please indicate another person to call if an accident occurs and we are unable to reach you:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_  
Policy/Group Number \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Hospital of choice \_\_\_\_\_  
Allergies/drug sensitivities \_\_\_\_\_  
Medications being taken \_\_\_\_\_  
Any health problems \_\_\_\_\_

Please read the alternative statements below and sign only under the one you choose.

1. If my child needs medical treatment, it is my wish that I be contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or prevent injury.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

2. If my child needs medical treatment, it is my wish that the treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give my consent for my child \_\_\_\_\_ to participate in all of the Lebanon Track Club programs, athletics or otherwise, with the following exceptions \_\_\_\_\_

I hereby state that to the best of my knowledge, my child has no health problems that would interfere with his/her participation in the programs. I give my consent with the understanding that I will not hold the Lebanon Track Club, it's agents, representatives, successors, and assigns responsible for any injury received as a result of such participation: and I further agree to indemnify and hold harmless the Lebanon Track Club from and against all claims, suits, damages and experiences in any manner, resulting from or arising from my child's participation in the Lebanon Track Club programs.

I further understand that the Lebanon Track Club is not obligated to provide a medical examination for my child and I should have my child examined by a qualifies doctor prior to their participation in the Lebanon Track Club programs

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_