

Cheetah Track Club Membership Form 2017



To be filled out by a parent or guardian. Please answer each question.

Participant's Name: _____ Age: _____

Birth Date: _____ Male or Female _____

Parent/Guardian Name: _____

Home Address: _____ Zip _____

Home Phone: _____ Work/Cell: _____

Emergency Contact: _____ Phone: _____

Physician Name _____ Phone: _____

I understand that as parent and/or legal guardian. I am totally responsible for the medical care needs of _____ and the Cheetah Track Club is and will not be liable for any accident and/or illness that might occur to said child while involved in the Cheetah Track Club related activities.

In the case of medical emergencies, I understand that every effort will be made to contact parents(s) or guardian(s). In the event I cannot be contacted, I hereby give permission for emergency first aid administered to my child including hospital and/or clinic emergency room treatment.

Signature

Date:

Does your child have any physical handicaps, allergies, or health conditions that may affect participation in workouts or track meets of which we should be aware? Please explain.

____ Asthma _____ Diabetes _____

____ Upset Stomach _____ Fainting/Dizzy Spells _____

____ Nosebleeds _____ Seizures _____

____ Food/Drug Allergies _____ Insect Bite Allergies _____

____ Upper Respiratory (i.e. Bronchitis, Pneumonia, Bronchiolitis) _____ Other _____

Is your child taking any prescribed medications? Yes _____ No _____

If yes, will they be taken during Cheetah Track Club activities? _____

MEMBERSHIP _____ **UNIFORM** _____ **T-SHIRT** _____