**Cheetah Track Club Membership Form 2019**

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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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_