

## Sherwood Track Club Physical Consent/Medical Consent

In consideration of \_\_\_\_\_ being accepted as a member of the Sherwood Track Club (STC), I, as parent/guardian, hereby agree for myself, my heirs, and personal representative, to waive all claims for damages I may now or hereafter have arising out of the above named person's participation in any club activities. I further certify that to the best of my knowledge, the applicant has no physical or mental condition which prohibits him/her from participating as a member of STC. As parent or legal guardian of this child, I hereby consent to any club representative to seek medical treatment and incur medical expense on my behalf for the above named person for any medical emergency arising while participating in all STC activities. I understand that this is to prevent undue delay and assure proper treatment and that only a licensed physician will be engaged for such an emergency (other than first aid). Parents will be notified as soon as possible if such an emergency occurs. I also agree to allow the name or photo of applicant to be published in the local newspaper.

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

Relationship to Athlete: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

Present Medication: \_\_\_\_\_

Drugs and Other Allergies: \_\_\_\_\_

Date of your child's last physical exam: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

### **Sherwood Track Club**

President - Head Coach

Jason Humble

(503)333-6817

Contact e-mail: [sherwoodtrack@gmail.com](mailto:sherwoodtrack@gmail.com)

