Speed T&F Athlete Medical History Agreement of Release and Waiver of Liability

Part 1. Athlete Information			
Name:	Age:	Weight:	Height:
Date of Birth: Injuries			
Current strength or endurance training:			
List operations/surgeries you have had:			
Please list any medications you are currently taking:			
Date of last medical physical exam:			
List everything not already included on this questionna this program, to include family history of serious illness	ses such as he	art disease, heart at	tack, etc.
Part 2. Parent/Guardian Information			
Parent/Guardian's Name:		Primary Phone #:	
Address: (City:		Zip Code:
Email address	Secondary Phone #:		
Emergency Contact:		Telephone #:	
Part 3. Miscellaneous Information			
Phone Number for One Call Now (required):			
What school do you currently attend?			
If you are new to Speed T&F, how did you hear about u	ıs?		
Which disciplines will you train for this season? Please 60 200 400 400	mark two cho 800	bices below. 1600	3200
60 Hurdles Long Jump Triple Jump	High Ju	ump	
I, the undersigned parent/guardian of	It to participating ruction and hance strenuous and me sult with a physic physically fit and r, voluntarily and that I may sustain nt not to sue Sp	g in the program. I am p ls on application for even ay cause physical injury, cian prior to and regardin d have no medical condi expressly waive any clain as a result of participation eed T&F, Charmas Lee,	nts related to track and field. I and I am fully aware of the risks g my participation in the 2017-18 tion that would prevent my full n I may have against Charmas Lee ng in the program. I, my heirs, or lanice Lee, or any representative

____, 2017

Date

contents and agree to the terms and conditions as stated.