



N-Spire Track and Field Club (NTFC): Health & Emergency Information Form

**Team Name:** N-Spire Track and Field Club (NTFC)

**Location:** Reno/Sparks, NV

**Season:** Fall/Winter 2026

**Participant Name:** \_\_\_\_\_

**Participant Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

The purpose of this form is to obtain health and emergency information for N-Spire Track and Field Club “NTFC” participants. Please provide information below pertaining to the participating athlete:

**Parent / Guardian Emergency Contact Information**

**Emergency Contact #1**

- Emergency Contact Name: \_\_\_\_\_
- Emergency Contact Relation to Athlete \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**Emergency Contact #2**

- Emergency Contact Name: \_\_\_\_\_
- Emergency Contact Relation to Athlete \_\_\_\_\_
- Phone Number: \_\_\_\_\_



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**Athlete's Medical Information**

Information Needed	Please fill out information below pertaining to what is being requested from each box
Allergies	
Medical Conditions / Known Medical Issues (such as, Asthma (including inhaler type), diabetes, epilepsy, heart conditions, high blood pressure, and any other important medical problems)	
Injury History (such as any history of significant injuries, especially, concussions, joint problems, or stress fractures)	
Medications	
Medical Equipment (inhaler, artificial larynx, or communication devices)	
Mental or Physical Limitations / Disabilities	
List any other specific needs/considerations (hearing, vision (contacts/glasses), or communication difficulties).	
Athlete's Primary Care Physician First and Last Name	
Preferred Hospital	



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<b>Insurance Details for Athlete</b>	
<b>Medical Insurance Company</b>	
<b>Subscriber Name</b>	
<b>Relationship to Insured</b>	
<b>Policy ID</b>	

**Concussion Protocol:** I understand that NTFC may lack dedicated medical staff. NTFC and its coaches, volunteers, and representatives may not be medically trained professionals. Where there is reasonable cause to believe that a concussion may have occurred, whether during participation in this club or outside of this club, such participant shall not be allowed to continue his/her participation in club activities without a medical release to resume such participation.

**Access to Trainer:** I acknowledge that there may not be access to a trainer at practices or meets. Further, I acknowledge that NTFC does not provide athletic trainers, medical staff, or any other professional medical services during training sessions, events, or any club-related activities.

**Medical Authorization:** In the event of an emergency, I authorize the coaching staff to seek medical treatment for my child. I understand that I am responsible for any medical expenses incurred. I authorize designated coaching staff to approve necessary medical treatment for the member if the parent/guardian cannot be reached. Such participant shall not be allowed to continue his/her participation in club activities without a medical release to resume such participation after an emergency.

**Privacy Consent:** I consent to the collection and storage of this health information.

**Authorization:** I have read and understood the above information. I acknowledge the risks of participating in and releasing NTFC from liability. I understand it is my responsibility to update this form promptly should any changes to the participant’s health information occur. I agree to the terms and give my full consent for my child to participate in the N-Spire Track and Field Club program.

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Participant Signature (if age 12+):** \_\_\_\_\_

**Date:** \_\_\_\_\_