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: 2026 - 2027

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: _____

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 blook 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	

Insurance Details for Athlete	
Medical Insurance Company	
Subscriber Name	
Relationship to Insured	
Policy ID	

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: _____