



Rams Track Club

Emergency Contact and Medical Information for a Child

| | | | | | |
|-----------------------------------|---------------------|-----------------------------------|---------------------|-----|---|
| _____ Child's Name | | _____ Date of Birth | | M | F |
| | | | | Sex | |
| _____ Parent's/Guardian's Name | | _____ Parent's/Guardian's Name | | | |
| _____ Home Phone | _____ Work Phone | _____ Home Phone | _____ Work Phone | | |
| _____ Address | | _____ Address | | | |
| _____ City, ST ZIP Code | | _____ City, ST ZIP Code | | | |
| Email Address: | | | | | |

Alternative Emergency Contacts

| | | | | | |
|------------------------------------|---------------------|--------------------------------------|---------------------|--|--|
| _____ Primary Emergency Contact | | _____ Secondary Emergency Contact | | | |
| _____ Home Phone | _____ Work Phone | _____ Home Phone | _____ Work Phone | | |
| _____ Address | | _____ Address | | | |
| _____ City, ST ZIP Code | | _____ City, ST ZIP Code | | | |

Medical Information

Medical History/Medication

Hospital/Clinic Preference

| | |
|---------------------------|-----------------------|
| _____ Physician's Name | _____ Phone Number |
|---------------------------|-----------------------|

I give permission for my child to participate in every track and field events. I release Rams Track Club and individuals from liability in case of accident during activities related to Rams Track Club, as long as normal safety procedures have been taken.

| | |
|--|---------------|
| _____ Parent's/Guardian's Signature | _____ Date |
| _____ Director Signature | _____ Date |