

Power Track Club Emergency Waiver

Athlete's name _____ D.O.B _____ Age _____
Home Address _____ City _____ Zip _____ Home Phone# _____
Father's Name _____ Cell Phone # _____
Mother's Name _____ Cell Phone # _____
Parent's email addresses: _____
Person to contact in case of emergency:
Name _____ Relationship _____ Phone _____
Medical Insurance _____ ID/Policy # _____
I understand that the Power Track Club does not assume responsibility for payment of a physician.
The Power Track Club staff may choose a physician only in emergency situations. Yes _____ No _____
Name of Doctor _____ Phone _____
Name of Hospital _____ Phone _____
Is your child allergic to any drugs? Yes _____ No _____ If yes, what? _____
foods? Yes _____ No _____ If yes, what? _____
other? Yes _____ No _____ If yes, what? _____
Does your child have any chronic illness? (Asthma, diabetes, heart disease, epilepsy)
If yes, what _____
Does your child take any medicines on a regular basis? Yes _____ No _____
If yes, what and how often? List: _____
Tylenol may be administered to my child in case of headache? Yes _____ No _____

CONSENT FOR TREATMENT

(I, (We), the undersigned parent(s) or legal guardian of _____
a minor, do hereby authorize the staff of the Power Track Club as agent (s) for the undersigned do consent to any x-ray
exam, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be
rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the
California Medicine Practice Act on the medical staff of an accredited hospital, whether such diagnosis or treatment is
rendered at the office of said physician or at said hospital..

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being
required but is given to provide authority and power on the part of the above-mentioned
agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care that the above-mentioned
physician in the exercise of his or her best judgment may deem advisable.

This authorization shall remain in effect from January 1, 2020 until July 31, 2020, unless revoked in writing and
delivered to the above-mentioned agent (s).

Father's Signature _____ Date _____
Mother's Signature _____ Date _____

Waiver and Agreement

I do hereby waiver and release any and all rights and claims for damages which may arise in my favor against the Power
Track Club, and their respective officers and agents. Power Track Club and management has permission to use photos
of my child related to advertisement for the program.

I /WE AGREE TO THE FOREGOING: Signature _____ Date _____