

SONICS YOUTH TRACK CLUB

Medical History

Please Print

Applicant's Name: _____
(Last) (First) (MI)

Date of Birth: _____

Has the applicant ever been hospitalized? _____ Yes _____ No

If Yes, Why? _____

Is the applicant Allergic to any Medications? _____ Yes _____ No

If Yes, What? _____

Is the applicant currently using any Medications? _____ Yes _____ No

If Yes, What? _____

Date of last Tetanus Shot: _____

Has the applicant or any member of the applicant's family suffered from or is presently suffering from any of the following (CHECK ALL BOXES THAT APPLY):

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Excessive Bleeding Problems |
| <input type="checkbox"/> Chronic Headaches | <input type="checkbox"/> Hypertension / High Blood Pressure |
| <input type="checkbox"/> Concussions | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Heat Stroke | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Hepatitis / Liver Disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Kidney Disease / UTI | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Neuralgic / Epilepsy | <input type="checkbox"/> Varicosity / Phlebitis |
| <input type="checkbox"/> Autoimmune Disorder | <input type="checkbox"/> Neural Tube Defect (Spina Bifida) |

SONICS YOUTH TRACK CLUB

Release Form

Please Print

Applicant's Name: _____
(Last) (First) (MI)

State of Texas, County of _____

I, _____, hereby give permission for my child, _____, to participate in the Sonics Youth Track Club's spring/summer Track Program. As legal parent or guardian of the above listed youth, I hereby release and forever discharge the coaching staff and Sonics Youth Track Club of any and all claims, demands, liability, legal action or cause of action on account of mishap to the above listed youth which may occur as a result of furnishing youth activities, transportation and/or seeking medical assistance on behalf of said youth. I further understand that I am responsible for any medical fees accrued by my child as a result of medical attention. I also grant permission to the Sonics Youth Track Club's president, or his/her designee, to complete all membership forms and registration materials required by the United States Track and Field Association and the Amateur Athletic Union for participation in local and national meets.

In case of emergency, please try to contact my family doctor first at:

Doctor's Name

Doctor's Phone Number

If he/she is unavailable, the doctor on call at any hospital has my permission to treat my child. In case of emergency, I can be reached at:

Home Phone Number

Work Phone Number

Parent/Guardian Signature

Date