

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

Parent's Permission Form

Please Print

I, _____, hereby give permission for my child, _____, to participate in the Sonics Youth Track Club's spring/summer Track Program. I further release the coaching staff and Sonics Youth Track Club from any responsibility for bodily injury my child may receive while participating in the program. I 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.

Parent/Guardian Signature

Date

SONICS YOUTH TRACK CLUB

Release Form

Please Print

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

Franchise: SONIC YOUTH TRACK CLUB

State of Texas County of _____

Known all men by these presents that a request has been made to the SONICS YOUTH TRACK CLUB, its agents, booster club and/or its designees (1) to provide youth activities for the youth (whether one or more) of the undersigned parent or guardian; (2) to transport by automobile and/or vehicle said youth to various locations; and (3) to seek and obtain medical assistance on behalf of the youth in the event coach and staff, its booster club and/or its designees determine the need of same. In consideration of the granting of such requests, I, the undersigned, as legal parent or guardian of the above listed youth do hereby release and forever discharge 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.

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