

# Parental or Guardian Permission and Medical Release Form Teton Running Club Footlocker Trip

This form is to completed and signed by participants parent/guardian.

Name \_\_\_\_\_ Sex \_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Or Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**Medical Information: (Does the Athlete have any of the following.)**

Special Diet  Allergies  Medication  Chronic Illness  Surgery in the past year  Special Needs

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**\*\*I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity. I also understand that there are inherent risks associated with running and competing and do not hold Teton Running Club or anyone associated with the club responsible for any injury associated with the trip.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_