

Medical Information / Release Form — 2026/2027 Season

Permission and Release

I, _____ (Parent/Guardian Name), understand that Track Express Track Club, Inc. does not assume any responsibility for medical, hospital, or other expenses due to accidents incurred while participating in, or traveling to or from, the activities of Track Express Track Club, Inc.

_____ (Athlete's Name) has my permission to join Track Express Track Club, Inc. during the 2026/2027 season.

Medical Information

Does the athlete have any ongoing medical problems or allergies? ☐ Yes ☐ No

If yes, please describe: _____

Is the athlete currently taking any medication? ☐ Yes ☐ No

If yes, please list: _____

Date of last physical: _____

Health Insurance Information

Insurance company: _____ ID number: _____

Athlete's physician: _____ Physician's phone: _____

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Waiver

I waive any claims against Track Express Track Club, Inc. or any of its agents in the event of an accident to my child, _____ (Athlete's Name).

Parent/Guardian Signature

Date