



MEDICAL INFORMATION:

Name: _____

Date of Birth (MM/DD/YY): _____

Address: _____

Parent/Guardian: _____

Phone number (of parent/guardian): _____

Health Card No.: _____

E-mail contact: _____

Text/cell contact (or the best way to get a hold of you quickly!) _____

Emergency Contact #1 - Name: _____

Phone numbers: _____

Emergency Contact #2 - Name: _____

Phone numbers: _____

REQUEST TO PARTICIPATE/INFORMED CONSENT AGREEMENT

I request our son/daughter/ward participate in the Haliburton Summer Track Club _____ (initial)

I have read and signed the attached waiver and comprehend and accept the risks involved in participating in Track and Field and assume responsibility for my son/daughter/ward and their personal health, medical, dental and accident insurance coverages.

Parent/Guardian Signature: _____

