

Missoula Youth Track Club 2011 (Please Print)

Submit this form, the USATF registration form and the registration fee to the address below.

Health issues
check here!

Child's Name _____ School: _____

Please check one: **PeeWee** born 2003 or later _____ **Bantam** 2001 or 2002 _____ **Midget** 1999 or 2000 _____

Youth 1997 or 1998 _____ **Intermediate** 1995 or 1996 _____

Address _____ zip _____

Age: _____ Date of Birth _____ Female _____ Male _____

Parents' Names: _____

Home Phone _____ Work Phone Mother _____ Cell phone Mother _____

Email _____ Work Phone Father _____ Cell phone Father _____

Has your child now or ever in the past had: **Please explain on the back if yes.**

Heart Disease	Yes _____	No _____
Heart Surgery	Yes _____	No _____
Diabetes	Yes _____	No _____
Muscle Disease	Yes _____	No _____
Lung Disease	Yes _____	No _____
Epilepsy	Yes _____	No _____
Other	Yes _____	No _____
Occasional Chest Pains	Yes _____	No _____
Any chest pains upon exertion?	Yes _____	No _____
Any chest pressure upon exertion?	Yes _____	No _____
Dizzy spells or blackouts	Yes _____	No _____
Irregular heartbeat	Yes _____	No _____

Has your child recently had any broken sprained or bruised bones or muscles in the past 6 to 12 months? **Yes** _____ **No** _____

Please list any medications your child is currently taking _____

Please list any known allergies _____

Please list any specific needs or explain any medical problems that might not have been previously listed.

Please list the doctor's name and phone to be contacted if needed: _____

I understand the nature of the Missoula Youth Track Club. My child's participation is voluntary and I may withdraw my child at any time. I have knowledge of the benefits to expect and the discomforts and/or risks which may be encountered and agree that my child participate on that basis. (Broken bones, sprains, strains, heart failure, head injury, etc.)

As the parent or legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent.

I understand the activities carry no medical coverage for participants and hereby waive any and all liability on the part of participating instructors and volunteer coaches for any damages or injuries incurred due to participation.

Parent or Guardian's Printed Name _____

Parent or Guardian's Signature _____

Date _____

**Send fees and forms to: MaryThane
604 W. Artemos
Missoula, MT 59803**

**Please submit \$30.00 to Missoula Youth Track Club by April 13th.
Scholarships available.
After April 13th, the fee is \$40.**