



Quicksilver Track Club Inc.
P.O. Box 11169
Atlanta, GA. 30310

EMERGENCY MEDICAL AUTHORIZATION FORM

To Quicksilver Track Club Inc, it's Head Coach, Executive Director and staff members; I represent that I am the parent or legal guardian of, _____, and that I have completed all the required registration forms. By my signature below I hereby give my consent for the above named child to participate in practices, track meets, travel and other activities sanctioned, sponsored, and/or attended by Quicksilver Track Club of Atlanta Inc. (QTC). I authorize QTC to sign the standard athlete's release form when entering my child in any sanctioned event. Should I decide to withdraw my child from participation in the club and its activities, I agree to notify the Head Coach in writing that I am withdrawing my child.

Further, in consideration of my child being accepted in QTC, I hereby indemnify and hold harmless Quicksilver Track Club Inc, and/or any volunteer assistant coach or other club personnel against any and all rights and claims which I have or which may arise in conjunction with my child's participation or travel to and from practices, track meets, or other activities attended by QTC. In the event the need for emergency medical treatment arises and reasonable attempts to contact me at the above numbers have been unsuccessful, by my signature below I hereby give my consent for the administration of any emergency medical treatment deemed necessary by Dr. _____, my preferred physician, whose phone number is _____; or in the event the preferred practitioner is not available I give my consent for the administration of emergency medical treatment by an emergency medical team, licensed physician or hospital chosen by the Club.

Facts concerning the child's medical history including allergies, medications, and any physical impairment to which a physician should be alerted are listed below. I represent that the list below is current and accurate and includes all allergies. The undersigned further represents that the above named child is physically fit and physical impairments that will in any way effect the child's participation have been brought to the attention of the Executive Director of QTC in writing.

List allergies, medications, and other pertinent health information:

ATHLETES RELEASE

HOLD HARMLESS STATEMENT In consideration for acceptance of my entry into the USA Track & Field/Youth Athletics Program, AAU Junior Olympics, and all the meets associated with these programs, I intend to be legally bound, do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge all rights and claims for damage which may hereafter accrue to me against USA Track & Field, owners and operators of facilities used for Youth Athletic activities in which I participate, organizations which sponsor and/or conduct these activities, their agents representatives, successors, and/or assigns for any and all damages which may be sustained or suffered by me in my traveling to, participating in, and returning from Youth Athletics activities.

Print or Type Name: _____

Signature: _____ **Date:** _____

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