



Athlete Release Form

Parent Name: _____

Address: _____ Town: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Athlete #1 Name: _____ Age: _____

Male Female Date of Birth: ____/____/____

Athlete #2 Name: _____ Age: _____

Male Female Date of Birth: ____/____/____

Athlete #3 Name: _____ Age: _____

Male Female Date of Birth: ____/____/____

Athlete #4 Name: _____ Age: _____

Male Female Date of Birth: ____/____/____

I certify that my child is in excellent physical health, and may participate in strenuous physical activity during practices and events. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release South Coast Warriors Track Club, and all affiliated entities from any and all liability claims, demands and causes of action to personal injury, property damage and/or other loss suffered by my child during the season. I confirm that I am the parent/guardian of the minor names above, and I and the minor named above agree that the grant and release obtained therein binds me and the minor to all of its terms. I also agree to let my child's photograph be used for publicity items without my approval or compensation provided no name be used with said photograph.

Parent Signature: _____ Date: ____/____/____