

MICHIGAN ACCELERATORS ATHLETE INFORMATION

Please attach a copy of the athlete's current school physical
and two copies of their birth certificate to this form

Full Name _____ Nick Name _____ Birth Date _____ Gender _____

Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

School/School City _____ High School Graduation Year _____

Mother's Name _____ Father's Name _____

Mother's Occupation _____ Father's Occupation _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Work Address _____

Father's Work Address _____

Team Members Physician _____ Physician Phone Number _____

Physicians Address _____

Does the Athlete have any allergies? _____ Please List if any _____

Is the athlete taking any medication? _____ Please List if any _____

What is the date of the last DPT or Tetanus Injection? _____ Athlete's Height _____ Athletes Weight _____

If an emergency arises and the parents cannot be reached, list two people who can be notified

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

Does the athlete have any previous background in running: _____ Please Describe _____

Please list other sports or activities which the athlete has or is participating in _____

Parent/Guardian Signature _____ Date _____

(Do Not Write Below this Line – Office Use Only)

Dues: Amount Paid \$ _____ Check No. _____ Cash _____ Receipt No. _____ Date _____

PARENT CONSENT AND TREATMENT OF CHILD

This is parental consent for the treatment of minors in the case of illness or accident. Parental permission must be obtained before medical treatment can be rendered to any person under eighteen years of age. The following consent form must be signed by the parent or guardian so that indicated care may be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without the parent being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstances, the parent should cross out the word "GIVE" and circle the word "REFUSE". I GIVE / REFUSE permission to the physician(s) at any physicians' office, hospital or clinic to carry out emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter and in the physician's absence for the nurse on duty to render emergency care.

Parent / Legal Guardian

Date

Witness

Date

INSURANCE INFORMATION

Insurance Company _____

Phone No. _____

ID No. _____ Group No. _____ Benefit/Plan Code _____

Policy Holder _____ Employer _____

FINANCIAL RESPONSIBILITY

I understand that the Michigan Accelerators Training Program tuition is **\$200.00** for the first child, **\$125** for each additional child. Tuition must be paid in full by the *June 19, 2009*. This fee does not cover the cost of transportation, food or lodging when traveling. I agree to be responsible for these expenses.

Parent / Legal Guardian

Date

Witness

Date

HOLD HARMLESS AGREEMENT

In consideration of the Michigan Accelerators Track & Field Club, allowing _____ (hereinafter "child/children") to participate and compete with the Michigan Accelerators Track & Field Club, I intend to be legally bound for myself and I intend to legally bind the child/children by executing this agreement. I hereby waive or give up any right to or the child/children may have to file a suit against the Michigan Accelerators Track & Field Club, its coaches, parents volunteers, area high schools or any other person, organization or entity assisting the Michigan Accelerators Track Club

Parent / Legal Guardian

Date

Witness

Date