

ALHAMBRA SUMMER RUNNING 2020

ATHLETE INFORMATION:

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ PARENT(S) NAME(S) _____

ADDRESS _____

EMAIL ADDRESS PARENT _____

EMAIL ATHLETE _____

ATHLETE PHONE # _____

CONTACT NUMBERS:

PARENT/GUARDIAN #1 _____

PARENT/GUARDIAN 2 _____

EMERGENCY CONTACT _____

I hereby give consent for my child _____ to participate in the activities of Alhambra Summer running. I declare that my child is in good physical condition. I give permission for the Alhambra Summer Running staff to render such medical/hospital care as , in their judgment ,may seem advisable for my child. I understand that MUSD does not provide health or medical insurance for its participants.

I hereby state that we have adequate medical coverage and will not hold the staff of Alhambra Summer Running liable for illness or injury incurred during the program training sessions. I release Martinez Unified School District and the Alhambra Cross Country coaching staff from any liability arising from participation in the summer running, I understand , acknowledge, and agree that the Martinez Unified School District, its employees, officers, coaching staff or volunteers shall not be liable for any injury or illness suffered by y child which is incident and/or associated with preparing for and/or participating in said program .

Insurance Company and Policy Number _____

Allergies and Medical Notes (ie asthma, medication taken etc) _____

Preferred Hospital _____

I HAVE READ THE ABOVE AND GIVE MY CONSENT TO ALHAMBRA SUMMER RUNNING TO AUTHORIZE MEDICAL CARE FOR MY CHILD(REN)

Parent/Guardian Signature _____ Date _____