

PORTLAND ATHLETIC CLUB

Personal Information Form

Participant's Name: _____

Mailing Address: _____

City: _____ Zip: _____ Phone: _____

Birth Date: ____/____/____ Grade: _____ School: _____

1st Parent's Name: _____

2nd Parent's Name: _____

Email: _____

Email: _____

Address (if different): _____

Address (if different): _____

Home Phone (if different): _____

Home Phone (if different): _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Emergency Contact Information (if both parents unavailable)

Contact 1: _____

Contact 2 (optional): _____

Relationship to Child: _____

Relationship to Child: _____

Phone: _____

Phone: _____

Health History & Emergency Medical Information

In an emergency, the PSA Youth Track Club has my permission to obtain medical treatment for my child, call an ambulance, or transport my child to any available physician or hospital at my expense, with the following restrictions (if applicable):

Date of Last Tetanus: _____

Child's Physician: _____

Are there any allergies, special medical conditions, special needs, or restrictions to be aware of? Yes No

Phone: _____

City: _____

Please List: _____

Preferred Hospital: _____

Address: _____

Phone: _____

Liability Wavier and Conditions of Membership

By my signature on this application I give permission for my child to participate in the club and its events and hereby affirm that my child is in proper physical condition in order to participate in all PSA Youth Running Club training and events.

In consideration of the acceptance of this entry, I agree to assume all risk of injury or fatality to my child (including all medical expenses), and all risk or damage or loss of property arising out of his/her participation in this organization and its activities. I, for myself, my heirs, executors, administrators and assigns do indemnify & hold harmless the sponsors, volunteers, parents, coaches and representatives of the PSA Youth Running Club (Pace Setter Athletic, Inc.) from any and all liability, claims, demands, actions, loss and/or damage arising out of my child's participation in the PSA Youth Running Club and its activities.

I understand that travel, entry fees, uniforms and USATF dues are the financial responsibility of the parents. Training schedules, event entry forms, USATF forms and uniforms will be provided by the coaching staff.

Parent's Name

Parent's Signature

Date