**Truth Trackers Registration & Medical Release Form**

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| Child’s Name:  |
| Parent or Guardian:  | Grade:  | Birthday:  |
| Address:  |
| City:  | State:  | Zip:  | Brought By: |
| Phone:  | **\*\*\*Email:** |

As a parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This blanket permit will cover any and all outings and events my child will attend within TRUTH TRACKERS during the 2019-2020 club year. This release will be in effect starting August 27, 202o, and continue until May 20, 2021. My signature also serves to indicate willingness to take full medical insurance responsibilities for my son or daughter and to release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from this liability.

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| Signature of Parent or Guardian: |
| Family Physician: | Parent Emergency Phone: |
| Specific medical allergies, chronic illness or other conditions: |
| Please list those people authorized to pick up your child from TRUTH TRACKERS:  |
| Name: | Phone: |
| Name: | Phone: |
| Name: | Phone: |