



**IN ORDER TO COMPETE, THIS FORM MUST BE FILLED OUT COMPLETELY.  
ALL MEDICAL AND EMERGENCY INFORMATION MUST BE COMPLETE.**

## **LIGHTNING SPIKES TRACK CLUB**

### **Authorization form for medical attention in absence of a parent or guardian**

I, \_\_\_\_\_, being the legal parent/guardian of \_\_\_\_\_, do hereby give the right and power to the official(s) of Lightning Spikes Track Club to authorize medical treatment, care and services, and make whatever decisions necessary for my child's welfare in the discretion of said official(s) while my child is a participant of track and field. I understand that this authorization in no way relieves me of any financial or other obligation related to any decision made by Lightning Spikes Track Club officials.

I hereby appoint the Lightning Spikes Track Club as my agent for the purpose of obtaining medical treatment in the event of injury and my absence. I agree to be responsible for all medical expenses incurred in connection therewith. In the event the Lightning Spikes Track Club incurs expenses for medical treatment, then and in that event I agree to reimburse the Lightning Spikes Track Club.

\_\_\_\_\_  
PARENT NAME (PRINT) PARENT SIGNATURE

\_\_\_\_\_  
DATE SIGNED NOTARY SIGNATURE

**“Chances...Favor...A Prepared Mind”**