



LIGHTNING SPIKES TRACK CLUB

AUTHORIZATION FORM FOR MEDICAL ATTENTION IN THE ABSENCE OF A PARENT OR GUARDIAN

IN ORDER TO PARTICIPATE IN OFF-SEASON TRAINING ACTIVITIES, THIS FORM MUST BE FILLED OUT COMPLETELY AND ACCOMPANIED WITH A CURRENT PHYSICAL DATED WITHIN A YEAR OF THE SIGNATURE AND DATE OF THIS FORM.

I, _____, being the legal parent/guardian of _____, do hereby give the right and power to the official(s) of the 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 official(s).

I hereby appoint the Lightning Spikes Track Club as my agent for the purpose of obtaining medical treatment in the event of injury to my child in 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/Guardian Name (print)

Parent/Guardian Signature

Date

“Chances...Favor...A Prepared Mind”