

# PALESTINE TRACK CLUB 2009 MEMBERSHIP APPLICATION

Name \_\_\_\_\_

**Full Address** \_\_\_\_\_  
(address, city, state, and zip code)

Parent \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

**Email Address** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female \_\_\_\_ SSN \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Group/member ID# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## WAIVER, RELEASE, ASSUMPTION OF RISK

I understand that my participation in AAU activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU of US, Inc., its Clubs/Teams (Palestine Track Club), Directors, Officers, Employees, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owners/Lessors of Premises for all liability from my participation in these and any other AAU related travel, lodging, social/recreational activities.

## CONSENT FOR EMERGENCY MEDICAL CARE

In the event of my child suffering an unforeseen injury or illness, I expressly authorize that first aid be administered. I further authorize persons affiliated with the Palestine Track Club to authorize emergency medical care at any clinic, physician's office, hospital, or other suitable medical facility in the event I cannot be contacted or in the event that the injury or illness requires immediate attention. I understand that good faith attempts will be made to contact me at the earliest possible moment.

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if athlete is under 18)

\_\_\_\_\_  
Date