

**Diablo Valley Track & Field Club (DVTFC)
2023 Fall Cross Country Membership and Release Form**

ATHLETE (1) NAME: _____

Birthdate: _____ **Sex:** M F **2023 USATF#:** _____ **-OR- 'Need one'**

ATHLETE (2) NAME: _____

Birthdate: _____ **Sex:** M F **2023 USATF#:** _____ **-OR- 'Need one'**

Home address: _____

Cell Phone Contact*: _____ **Email*:** _____

(*please write legibly – we use email and text as primary means of communication!)

Parent/Guardian name: _____ **Phone:** _____

Emergency contact: _____ **Phone:** _____

Doctor: _____ **Phone:** _____

**COVID-19 Protocol Acknowledgement, Medical Representations and
Release of Liability**

Covid-19 Protocol Acknowledgement: The below referenced protocols must be complied with and failure may result in Athlete being ineligible to participate for some or all of the season:

- Athlete shall not attend practice if feeling ill and/or experiencing symptoms associated with any infectious disease including but not limited to influenza or COVID-19; and
- Athlete shall comply with all Contra Costa County Public Health directives as they relate to COVID exposure.

Covid-19 Exposure Acknowledgement: Participation includes possible exposure to and illness from infectious diseases including but not limited to influenza and COVID-19. As the parent or legal guardian of the above named DVTFC member, I understand and discussed the potential dangers of participation and required rules to allow participation by my son/daughter and he/she acknowledges a full understanding of such.

Consent for Medical Treatment: As the parent or legal guardian of the above name DVTFC member(s) I hereby give my consent for emergency health care administered or prescribed by a duly licensed health care practitioner, EMT or paramedic.

Medical Insurance: My child(ren) participating in this program are included in a medical insurance policy that I or my spouse or partner maintain.

Medical Condition: My child(ren) have no medical conditions that require special attention, unless otherwise noted below.

Liability Release: for myself, children, heirs, executors, administrators and assignees, I hereby release all rights and claims for damage against DVTFC, its coaches, club organizers, and other volunteers for any and all injuries suffered by my child(ren) or me traveling to and from and during practices and meets during the upcoming season. I also attest to the fact that my child(ren) is/are in good health, physically fit and able to participate in a cross country (X-C) program.

Release of Photographs and/or Video: for myself, children, heirs, executors, administrators and assignees, I hereby release use of photographs and/or videos during DVTFC activities, including practices, meets and/or other Club activities for use on the DVTFC website and/or material.

Non-refundable Fees: **The \$475 per athlete fee (\$375 for each additional sibling) is to be paid either by check payable to DVTFC, credit card or PayPal.**

I have read, understood and agree to the terms on this form.

Signature of parent or guardian: _____ **Date** _____

Printed name:

***** Medical condition(s) requiring special attention:** _____ *******