

## **Medical / Release Information:**

My medical insurance provider is: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Please enroll my child [Print Name]:

\_\_\_\_\_

in the Allegheny North Athletics Summer Cross Country Training. My child meets all physical standards of athletic competition; and we understand that Allegheny North Athletics Track Club, North Allegheny School District, Allegheny County, and anyone connected to the camp will not assume responsibility for accidents, dental, or any other expenses incurred as a result of accidents. I hereby authorize representatives of the Allegheny North Athletics Track Club to act in his/her best judgment in any emergency requiring medical assistance. I hereby certify that my child has no injury or illness, which could jeopardize his/her well-being by participating in the Allegheny North Athletics Summer Training

Parent/Guardian {must sign}:

\_\_\_\_\_ Date: \_\_\_\_\_

Questions: Email Coach Neff: [jneff@northallegheny.org](mailto:jneff@northallegheny.org)