

ST CHARLES TRACK & FIELD TEAM - FAMILY INFORMATION FORM

1. Names of children on track team:
  
2. Parents' names:
  
3. In case of emergency at practices (5:30-7:00), whom should we call (name & phone number)?
  - a. First choice:
  
  - b. Second choice:
  
4. Preferred email addresses for track notices:
  
5. If your children have separate email accounts, and if you will give me permission to send track notices to them, list them here:
  
6. MEDICAL: I assume all students have been cleared by a physician to engage in strenuous physical activity involving running, jumping, throwing and general conditioning. If your child has any medical condition that could affect or limit participation, list it here:

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Parent signature:

*I have read the information on the Track Team website, including the section called "What we expect from the parent of a St. Charles athlete."*

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

Student signature:

*I have read the section on the Track Team website called "What we expect from a St. Charles athlete," and I agree to follow those principles.*

Signature(s): \_\_\_\_\_