



## Parents Medical Clearance and Permission to Participate

**Palmdale Bullets Track Club** strongly recommends that children have a medical check-up by a physician before participating. To participate in the Club, the child's parent or guardian **MUST** fill out one of the statements below and sign at the bottom.

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I am aware that Track and Field is a physically demanding sport that requires strenuous effort to participate. I am not aware of any medical or physical condition(s) of my child (name listed below) that would limit his/her participation in the **Palmdale Bullets Track Club**.

Athlete \_\_\_\_\_ Club \_\_\_\_\_

My child, \_\_\_\_\_, has the following medical or physical condition(s) that are of concern to me: \_\_\_\_\_

Clearance to compete on the **Palmdale Bullets Track Club** has been obtained through the following medical channels (including tests, examinations, and evaluations) and approval to participate has been given by signature of

Doctor indicated: \_\_\_\_\_

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

Performance Enhancing Substances - **Palmdale Bullets Track Club**, its member organizations and representatives of these organizations shall **NOT** recommend, promote or suggest any type of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes.

**PARENT / LEGAL GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_