

Edmonton Harriers Track and Field Club (EHTFC) Travel and Medical Authorization Form

Athlete Name _____

Travel

EHTFC athletes may travel during the season to participate in a number of track meets, which are held in Alberta, elsewhere in Canada or outside of Canada. I understand it is mandatory for athletes to obtain Out-of-Country Medical Coverage for any travel outside of Canada. Proof of Out-Of-Country coverage is required prior to ANY out-of- country travel. Athletes must have passports for all foreign travel.

I, _____, authorize consent for the above named athlete to travel at various times during the membership year which runs from September 1 through August 31, under the care and control of EHTFC.

Signed _____ Date _____

Emergency Treatment

While participating locally or travelling with the EHTFC, an accident or illness may occur, which requires immediate attention and without sufficient time to contact parents or their designated alternate.

EHTFC affords you the opportunity to permit emergency treatment for the above named athlete under these circumstances. Note: Once this authorization is given, it remains in effect until the of EHTFC's membership year unless specifically withdrawn in writing.

Please **select only** one of the following options and sign:

• I, _____, **authorize** EHTFC representatives to grant
(parent/guardian or athlete 18+ years)
emergency medical, dental or hospital care to the above named athlete. I understand I will be financially responsible for any medical, dental or hospital care rendered on behalf of the above named athlete.

• I, _____, **expressly withhold** such authorization.
(parent/guardian or athlete 18+ years)

Alberta Health Care Number _____

Signed _____ Date _____

(parent/guardian or athlete 18+ years)

August 11, 2014