



29 South Depot Plaza, Tarrytown, New York 10591
914-909-2974 • www.OnTrackSport.com

Emergency & Medical Alert

Name of Child: _____ DOB: _____

Name of Parent / Guardian: _____

Have you signed a Participation Waiver and Release Form? Yes No

Emer. Contact #1: _____ Rel: _____ Tel #: _____

Emer. Contact #2: _____ Rel: _____ Tel #: _____

My child is allergic to the following: (please be specific)

Medication(s): _____

Insect bites / bee stings: _____

Other: _____

Does your child have any existing injuries or physical limitations (ie Asthma)?: _____

Medications / Precautions necessary for any of the above: _____

If your child is required to take any medications, such as an inhaler, please indicate above so OnTrack Sport Center is at least aware of your child's needs. However, OnTrack is not equipped nor qualified to administer any such medications, therefore please make separate arrangements.

Parent / Guardian signature _____ Date _____