



# THE TATRA MOUNTAIN CULTURAL FOUNDATION

## TATRA SPORT 2019

### Forma rejestracyjna

**Dane uczestnika (Athlete's information):****Nr startowy:** \_\_\_\_\_

Imię (First Name) \_\_\_\_\_ Nazwisko (Last Name) \_\_\_\_\_

Data urodzenia (Birth Day): \_\_\_\_\_ Wiek ukończony (Finished age) \_\_\_\_\_  
(month/day/year)

Płeć (Gender): męska (Male): \_\_\_\_\_ żeńska (Female): \_\_\_\_\_

**Adres zamieszkania (Address):**

Nr domu i ulica (Street Address): \_\_\_\_\_ Miasto (City): \_\_\_\_\_

Stan (State): \_\_\_\_\_ Nr kodu (Zip Code): \_\_\_\_\_

**Dane dotyczące rodzica (Parent/Guardian information):**

Imię (First Name) \_\_\_\_\_ Nazwisko (Last Name) \_\_\_\_\_

Nr telefonu (Phone Number) \_\_\_\_\_

Adres mailowy (E-mail) \_\_\_\_\_

**Kontakt w razie wypadku (Emergency Information):**

Imię (First Name) \_\_\_\_\_ Nazwisko (Last Name) \_\_\_\_\_

Nr telefonu - inny niż powyżej (Phone number different than above) \_\_\_\_\_

**Ważna informacja zdrowotna:** czy uczestnik zawodów jest alergikiem, cierpi na choroby przewlekłe lub inne schorzenia? Jeśli "tak" to proszę opisać na jakie. (Does the athlete have any allergies, chronic illness, or medical conditions? If "yes", please describe): \_\_\_\_\_

Czy uczestnik zawodów używa inhalator? Jeśli "tak" to proszę podać sposób użycia (Is the athlete prescribed an inhaler? If "yes", please explain any instruction): \_\_\_\_\_

**INFORMACJA W PRZYPADKU DZIECI, PONIŻEJ 18 LAT***(INFORMATION FOR CHILDREN UNDER 18 YEARS OLD):*

Ja, niżej podpisana (ny) wyrażam zgodę na uczestnictwo mojego niepełnoletniego dziecka w zawodach Tatra-Sport:  
(I, the undersigned agree to give my permission for minor child to participate the Tatra-Sport's event):

\_\_\_\_\_  
Imię dziecka (First Child's Name):\_\_\_\_\_  
Drukowane imię i nazwisko rodzica (Printed First & Last Name of Parent)\_\_\_\_\_  
Data (Date)\_\_\_\_\_  
Podpis rodzica (Parent's signature)

## Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by The Tatra Mountain Cultural Foundation during the selected sporting event. In exchange for the acceptance of said child's participation, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless The Tatra Mountain Cultural Foundation and all its respective officers, agents, representatives, premises and owners of said premises owned and/or rented from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected sporting events.

In case of injury to said child, I hereby waive all claims against the Tatra Mountain Cultural Foundation, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

## Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Tatra Mountain Cultural Foundation, and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

## Confirmation

UNDERSIGNED:

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

Printed Name: \_\_\_\_\_

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