



## OFF TRACK TRAINING AUTHORIZATION FORM

I \_\_\_\_\_ (Parent/Legal Guardian) authorize my child  
\_\_\_\_\_ (Athlete's Name) to leave the Agoura High School Track  
Stadium to run and train under the supervision of a United Track Coach &/or Parent. I  
am aware of the inherent dangers and injuries that may occur by running on the  
sidewalks and dirt trails outside of the Agoura High School Stadium.

(X) \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Child's Age Group: \_\_\_\_\_

This form must be signed and returned before your child will be allowed to participate  
in the Off Track Workouts. Please feel free to Fax this form to attention Jim Kelley at  
(818) 735-9931. \*For questions regarding this form or the off track workouts please  
call Jim Kelley (818) 735-4959