

Etowah Youth Track Club - 2010

Cross Country Registration Form

Athlete Information - Please write legibly

Last Name: _____	First Name: _____	Preferred Name: _____
Street: _____		City: _____
Birthdate: _____ / _____ / _____ (mm/dd/yyyy)	Current Age: _____	Zip Code: _____
School: _____	Grade: _____	Spring 2010 Track Member - Circle One - Yes No Gender (circle) M / F

Parent Information - Please write legibly

Mother's Name: _____	Phone: (H) _____ (C) _____
E-mail: _____	
Father's Name: _____	Phone: (H) _____ (C) _____
E-mail: _____	
Volunteer Info. <i>If you are a runner and can run with the team on their training runs, please let us know. We would need you to supervise a group of children not just your child; however, it is a great way to support your child.</i>	
Emergency Contact(if other than parent) _____	Phone: _____

Health & Medical Information

Do you have medical insurance? Yes / No	Company Name: _____					
Policy / Member #: _____						
Does the above athlete have any medical issues? (please check all that apply)						
Physical Defects _____	Allergies _____	Asthma _____	Medical Limitations _____	Migraines _____	Nosebleeds _____	Other _____
If yes, please explain: _____						

WAIVER: I, THE UNDERSIGNED, ASSUME ALL RISKS AND HAZARDS COINCIDENTAL TO RUNNING ACTIVITIES AND HEREBY RELEASE, ABSOLVE, AND HOLD HARMLESS, CHEROKEE COUNTY BOARD OF EDUCATION, CHEROKEE COUNTY COMMISSIONERS, CHEROKEE COUNTY EMPLOYEES, ETOWAH YOUTH TRACK CLUB (EYTC), EYTC BOOSTER CLUB, EYTC BOARD OF DIRECTORS, ORGANIZERS, SUPERVISORS, COACHES, VOLUNTEERS, PARTICIPANTS, AND PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES, FROM ANY CLAIM FOR LOSS, DAMAGE, OR INJURY THAT MAY OCCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN ETOWAH YOUTH TRACK CLUB. I HEREBY GIVE PERMISSION FOR ANY AND ALL MEDICAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN THE EVENT OF ACCIDENT, INJURY, SICKNESS, ETC. UNDER THE DIRECTION OF ETOWAH YOUTH TRACK CLUB, COACH, ASSISTANT COACH OR ADMINISTRATOR, UNTIL SUCH TIME AS I MAY BE CONTACTED. I ALSO ASSUME THE RESPONSIBILITY FOR THE PAYMENT OF ANY EXPENSES ASSOCIATED WITH SUCH TREATMENT. THIS RELEASE IS EFFECTIVE FOR THE PERIOD OF FOUR MONTHS FROM THE DATE GIVEN BELOW.

Parent / Guardian Signature: _____ Date: _____
Parent / Guardian Name (Printed): _____

CLUB USE ONLY:

Cash Amount: _____	Check Amount: _____	Check No: _____
Payment Plan: _____	Date: _____	