

# Etowah Youth Track Club - 2011

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 2011 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:	_____				
<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 Volunteer Info. supervise a group of children not just your child; however, it is a great way to support your child. A background check will be required.</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:	_____		