

Spring Track 2012 Athlete Registration Forms

ATHLETE INFORMATION

Athlete Full Name: _____ DOB: _____

Preferred Name: _____ Gender: _____

Home Address: _____

City of Residence: _____ County: _____

School: _____

E-mail Address: _____ Home Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Athlete's Physician: _____ Phone: _____

Physician's Address: _____

If an emergency arises and the parents cannot be reached, list two people who can be notified:

Contact #1: _____ Phone: _____

Contact #2: _____ Phone: _____

Does the athlete have any allergies? Yes: No: Please List _____

Is the athlete on any medication? Yes: No: Please List _____

Does the athlete have any previous background in running? Yes: No:

Please describe (including events times, if known): _____

Parent Signature

Date

Parental Consent for Treatment of Child

(Please sign in each of the three places and fill in the insurance information. This is NOT optional.)

Parental consent for the treatment of minors in the case of illness or accident. Parental permission must be obtained before medical treatment can be rendered to persons less than 18 years of age. The following consent form should be signed by the parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed, except in extreme emergency, without parent being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstance, the parent should cross out the word "give" on the form below and insert the word "refuse". If the form is not signed, it will be interpreted as a refusal of permission.

I give permission to the physician(s) at any physician's office, hospital, or clinic to carry out such emergency diagnostics and therapeutic procedures as may be necessary for my son/daughter and in the physician's absence for the nurse on duty to render emergency care in line with standing order.

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Parent/Legal Guardian	Date

Insurance Company: _____

Insurance Co. Phone #: _____

Insurance Company Address: _____

Group Number: _____

Member Number: _____

Policy Holder: _____

Hold Harmless Agreement

IN CONSIDERATION OF THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION ALLOWING

(HEREINAFTER "CHILD") TO PARTICIPATE AND COMPETE WITH THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION PROGRAM I INTEND TO BE LEGALLY BOUND FOR MYSELF AND I INTEND TO LEGALLY BIND "CHILD" BY EXECUTING THIS AGREEMENT. I HEREBY WAIVE OR GIVE UP ANY RIGHT I OR "CHILD" MAY HAVE TO FILE A SUIT AGAINST THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION, ITS COACHES, PARENT VOLUNTEERS, FAYETTE COUNTY BOARD OF EDUCATION, FAYETTE COUNTY BOARD OF COMMISSIONERS OR ANY OTHER PERSON, ORGANIZATION, OR ENTITY ASSISTING THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION IN ITS TRACK & FIELD OR CROSS COUNTRY PROGRAM (HEREINAFTER PEACHTREE CITY FLASH TRACK CLUB, ITS COACHES, PARENT VOLUNTEERS, FAYETTE COUNTY BOARD OF EDUCATION, FAYETTE COUNTY BOARD OF COMMISSIONERS OR ANY OTHER PERSON, ORGANIZATIONS, OR ENTITY ASSISTING THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION COLLECTIVELY "PTC FLASH"). THIS AGREEMENT APPLIES TO ANY CIRCUMSTANCE INCLUDING BUT NOT LIMITED TO ANY WAY BY PARTICIPATING WITH, FOR, OR AGAINST THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION OR ANY ORGANIZATION THAT IS AFFILIATED WITH INCLUDING THE STATE OF GEORGIA (OR ANY SUBSIDIARY), FAYETTE COUNTY, COBB COUNTY, FAYETTE COUNTY BOARD OF EDUCATION, FAYETTE COUNTY BOARD OF COMMISSIONERS OR ANY OTHER ORGANIZATION, PERSON, OR ENTITY. THE PURPOSE OF THIS AGREEMENT IS TO ASSURE THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION THAT IN THE EVENT "CHILD" IS INJURED OR DAMAGED AS A RESULT OF HIS/HER PARTICIPATION WITH THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION, I AND/OR "CHILD" WILL NOT HOLD THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION RESPONSIBLE OR LIABLE AND I PROMISE ON BEHALF OF MYSELF AND "CHILD" THAT I AND/OR "CHILD" WILL NOT FILE SUIT AGAINST THE PEACHTREE CITY FLASH YOUTH TRACK ASSOCIATION FOR ANY DAMAGES OR INJURIES TO "CHILD".

Parent/Legal Guardian

Date

Consent to Sign Track Meet/Road Race Entry Form

Parental consent is given to permit the coaches and/or the President of the Peachtree City Flash Youth Track Association to sign an entry form for entry of my son/daughter into any track & field or road race competitions to be contested by the Peachtree City Flash Youth Track team during the Spring 2012 season.

Parent/Legal Guardian

Date

Photo/Media Release Form

By signing below, I, _____, parent or legal guardian of _____ (minor child/athlete) understand and agree that The Peachtree City Flash Youth Track Association (the "Club") has my permission to take and use my child's track and field/club photographs, digital images, and video images for official Club purposes such as, but not limited to media press releases and the club newsletter.

Furthermore, I understand that by signing below I consent to the Club's right to publish photographs depicting the minor athlete/child named above engaged in field and track events of the Club, whether as an active participant or as an observer, on the official Club website found at the web address: <http://www.ptcflash.com>.

I have fully read and considered all of the terms and statements contained in this release before affixing my signature.

EXECUTED this ____ day of _____, 20__.

Parent or Legal Guardian Signature

Registration Fee Summary

Athlete Family Name: _____

(List all family members registering):

Athlete #1: _____

Athlete #3: _____

Athlete #2: _____

Athlete #4: _____

Item Description	Size	Unit Cost	Quantity	Total Cost
Base Registration Fee		\$150		\$
Multi-member Discount ¹		(\$15)		()
Uniform (shorts & singlet)		\$50		
Total				\$

For office use only:

Dues Paid: Amount: \$_____ Date Paid: _____ Check #: _____ Cash: _____

¹ Quantity should be 1 less than the quantity listed for Base Registration fee