

XC Registration Forms for Post HS Season

PEACHTREE CITY FLASH ATHLETE REGISTRATION FORM

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Athlete Full Name: _____ Preferred Name: _____ Gender: ___
Birth Date: _____ Age on Dec 31, 2011 _____
Home Address: _____
City, State, Zip _____
County: _____ E-Mail Address: _____ (for practice & meet info)
Athlete's School: _____ 2nd Email Address for practice & meet info: _____
Athletes' Cell: _____ (for practice & meet info) Home Phone Number: _____

Mother's Name: _____ Father's Name: _____
Mother's Work #: _____ Father's Work #: _____
Mother's Cell #: _____ Father's Cell #: _____

Team Member's Physician: _____
Physician's Address: _____
Physician's Telephone #: _____

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

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

PTC Flash has my/our consent to post photos of my/our child on the team website: Yes / No (circle one)

Date Form Completed: _____

Registration Fee : \$70.00 (make check payable to Peachtree City Flash)

Fees include: Entries to the 3 USTAF State, Regional, and National Championships XC Meets and Foot Locker South XC Race Fees include: Uniform Singlet and Uniform Short ;

Additional Fees: for Team T-Shirt \$15, any travel expenses for meets

Attach Birth Certificate to this form!

If athlete ran for PTC Flash or other USATF Club in Fall of 2010- no need to resubmit Birth Certificate.

For office use only: Dues Paid: Amount: \$ _____ Date Paid: _____ Check #: _____ Cash: \$ _____
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PARENTAL CONSENT FOR TREATMENT OF CHILD

(Please be certain to 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.

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 Cross Country or 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 Cross Country competitions or Road Races* to be contested by the Peachtree City Flash Youth Cross Country team during the Fall 2011 season.

Parent/Legal Guardian

Date

* By providing authorization to Flash to sign Road Race entry form, the parent/guardian agrees to separately pay for all required entry fees.

Order Form for Post HS Season Athletes

Athlete Name: _____ Total Order Amount

School Name: _____

Phone Number: _____ Email Address: _____

Youth Items

Item Description	SKU	Adult			Unit Cost	Quantity	Total Price
		S	M	L			
1A Adult Singlet- for Older girls (arm holes smaller) Adult Shorts- for Older girls	CBL527T				\$0 included with \$90 fee		
	CBL687T						
1B Adult Singlet- for Older Boys Adult Shorts- for Older Boys	CBL526T				\$0 included with \$90 fee		
	CBL687T						

Item Description	SKU	Adult					Unit Cost	Quantity	Total Price
		S	M	L	XL	XXL			
2 Team T-shirt for all athletes (moisture wicking fabric)	YT4000						\$15		

Parents are encouraged to buy a Team T-shirt and/or Polo Shirt: You will want to show your team colors at the meets.

Adult Items

Item Description	SKU	Adult					Unit Cost	Quantity	Total Price
		S	M	L	XL	XXL			
3 Team T-shirt for all Parents moisture wicking fabric	T4000						\$15		
4A Women's Polo Shirt Royal Blue & White (embroidered PTC Flash)	LP2350						\$30		
4B Men's Polo Shirt Royal Blue & White (embroidered PTC Flash)	P2350						\$30		

Total of All Items			
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Parents keep this Page as a reference

Summary of Documents Needed:	# of pages
1. Registration Forms for the PTC Flash	3
2. Uniform Ordering form for Sizes	1
3. Copy of Birth Certificate	1
4. Completed and Signed copy of Foot locker Entry (if you are not going to Footlocker, no need to include)	1

Bring Forms and Checks to:

- PTC Flash practice at Oak Grove Elem. School between 6-7:15 on Mon, Tues, & Thurs
or
- Coach Livingston's house: 508 Rose Down Trace, Peachtree City, GA 30269
(it is in the Estate's subdivision, near Braelinn Elementary School)
Please Email: Donlivingston@bellsouth.net; or call 770-486-8419 (home)

Parents need to sign up or renew their athletes for USATF Membership

- If you sign-up between Nov 1- Nov6 your membership last for 14 months.
- Go to www.usatf.org Select club 45-0522, PTC Flash Youth Track Assn
- If your athlete is a member of another club, to switch clubs just email marleneatwood@usatfga.org that your athlete is now running for Club 45-0522