

PEACHTREE CITY FLASH ATHLETE REGISTRATION FORM

(Please make sure you fill out all sections of the form – front & back- and write plainly and clearly)

Athlete Full Name: _____ Preferred Name: _____

Birth Date: _____ Gender: _____

Home Address: _____

County: _____ E-Mail Address: _____

School: _____ 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 #: _____

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: _____

Date Form Completed: _____

Please send completed form with payment (made payable to "PTC Flash") to:

Jeff Bilsky
304 Coronado Drive
Peachtree City, GA 30269

For office use only:

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

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 TRACK MEET 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 competitions to be contested by the Peachtree City Flash Youth Track team during the Spring 2010 season.

Parent/Legal Guardian

Date