

TCTC REGISTRATION FORM -2010

STAFF ONLY

BIRTH CERTIFICATE _____

PHYSICAL EXAM _____

AGE GROUP _____

USATF# _____

SPORTS CATEGORY FEE:

INDOOR (HS) _____ **INDOOR (Youth)** _____ **OUTDOOR** _____ **CROSS COUNTRY** _____

DATE PAID: _____



**TRIANGLE CHAMPIONS TRACK CLUB (TCTC)
(PRINT LEGIBLY)**

NAME _____ **DATE OF BIRTH** ___/___/___ **AGE** ___ **SEX** ___
Last First Middle

ADDRESS _____
Street City Zip

PARENT OR LEGAL GUARDIAN _____

TELEPHONE (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

ATHLETE'S SCHOOL NAME & CITY _____

PRAVELENT HEALTH ISSUES _____

EMERGENCY/MEDICAL INFORMATION

PERSON OTHER THAN PARENT OR LEGAL GUARDIAN TO NOTIFY IN CASE OF EMERGENCY

NAME _____ **RELATIONSHIP TO CHILD** _____

ADDRESS _____ **PHONE** _____

PHYSICIAN'S NAME _____ **TELEPHONE** _____

INSURANCE CO. _____ **POLICY#** _____

HOSPITAL PREFERENCE _____

I agree to allow my child to participate as part of the TCTC program, abiding by the rules of conduct. I agree to allow my child to travel with the club and participate in all club-sponsored competitions. I understand that I may withdraw my permission for my child's participation at any time.

Parent/Guardian's Signature _____ **Date** _____
(If under 18 years of age)

TCTC
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

In consideration for allowing the below-named individual to participate in track & field training and use the facilities, I acknowledge that there may be some risks involved. I hereby release the USATF, Inc; TCTC, Inc; its coaches, managers, officers, agents, and sponsors from any liability for injuries suffered by the below-named individual while under the instruction, supervision, or control of or upon the premises used by TCTC or such other premises as may be used in its operation or programs, including transportation to and from activities; and I agree not to sue for any such injury. Participation by each athlete at every scheduled practice is voluntary with the permission of their parent/guardian, if under the age of 18 years old. I agree to provide for any medical expenses incurred by below-named individual as a result of any injury sustained while training or performing for the TCTC.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN'S SIGNATURE (IF UNDER 18 YEARS OF AGE)

EMERGENCY MEDICAL RELEASE

Athletes under the age of 18 that will travel without a parent will be required to a parental release in the event of a medical emergency. I, the parent/guardian do hereby authorize the TCTC coaching staff or any other representative of the club to provide first aid and/or obtain emergency medical treatment for the below-named individual during all practices and meets.

I understand that, I, the parent/guardian are solely responsible for all liabilities associated with or as a result of treatment performed on behalf of the below-named individual.

Athlete's Name (please print) _____

PARENT SIGNATURE _____ DATE _____