



# SPEED IN ACTION TRACK CLUB REGISTRATION FORM



Participant's Name: \_\_\_\_\_

Male / Female

Mailing Address : \_\_\_\_\_

USA Citizen?

Yes / No

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Jersey Size

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Warm Up Suit Size

Youth: S / M / L / XL

Adult: S / M / L / XL

Previous USATF Membership # (if applicable): \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email (please write clearly): \_\_\_\_\_

### Emergency Contact Information - (if both parents unavailable)

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Health History & Emergency Medical Information:

In an emergency, the Speed In Action Track Club has my permission to obtain medical treatment for my child, call an ambulance, or transport my child to any available physician or hospital at my expense, with the following restrictions (if applicable):

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Are there any allergies, special medical conditions, special needs, or restrictions to be aware of? Yes / No

If yes, please provide details: \_\_\_\_\_

### Liability Waiver and Conditions of Membership

By my signature on this application I give permission for my child to participate in the club and its events and hereby affirm that my child is in proper physical condition in order to participate in all SIA Track Club training and events.

In consideration of the acceptance of this entry, I agree to assume all risk of injury or fatality to my child (including all medical expenses), and all risk or damage or loss of property arising out of his/her participation in this organization and its activities. I, for myself, my heirs, executors, administrators and assigns do indemnify & hold harmless the sponsors, volunteers, parents, coaches and representatives of the SIA Track Club from any and all liability, claims, demands, actions, loss and/or damage arising out of my child's participation in the SIA Track Club and its activities.

I understand that travel, and entry fees, are the financial responsibility of the parents. Training schedules, USATF forms and team jerseys and warm up suits will be provided by the coaching staff.

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_