



## REGISTRATION FORM

**Mail to: Jr. Striders T&F Club – PO BOX 319 – Wake Forest, NC 27588**

NAME _____, _____, _____ BIRTHDATE ___/___/___ AGE _____ SEX: F/M	
LAST	FIRST MI
ADDRESS _____, _____, _____, _____	
STREET	CITY STATE ZIP
CURRENT SCHOOL _____ GRADE _____	
<b>PARENT(S) OR LEGAL GUARDIAN INFORMATION</b>	
NAME(S) _____ ADDRESS _____	
(If different from above)	
TELEPHONE _____, _____	BEST TIME TO CALL _____
(HOME)	(WORK)
E-MAIL _____	VOLUNTEER? YES / NO
<b>EMERGENCY/MEDICAL INFORMATION</b>	
Contact person other than parent or legal guardian in case of an emergency	
NAME _____	RELATIONSHIP _____ TELEPHONE _____
PHYSICIAN'S NAME _____	TELEPHONE _____
HOSPITAL PREFERENCE _____	
INSURANCE CO. _____	POLICY # _____
MEDICAL PROBLEMS? _____	LAST PHYSICAL EXAM ___/___/___

<p><b>CLUB MEMBERSHIP</b></p> <p><b>FEES: Make Checks payable to: Junior Striders T&amp;F Club, Inc.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Individual</th> <th colspan="2" style="text-align: center;">Family</th> </tr> </thead> <tbody> <tr> <td>Track (Apr-Jul)</td> <td style="text-align: center;">\$100</td> <td style="text-align: center;">\$150</td> <td style="text-align: center;">\$200</td> </tr> <tr> <td>XC (Sept-Nov)</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$60</td> </tr> <tr> <td>Both Seasons</td> <td style="text-align: center;">\$125</td> <td style="text-align: center;">\$175</td> <td style="text-align: center;">\$245</td> </tr> </tbody> </table>		Individual	Family		Track (Apr-Jul)	\$100	\$150	\$200	XC (Sept-Nov)	\$25	\$40	\$60	Both Seasons	\$125	\$175	\$245	<p><b>FOR ADMINISTRATOR'S USE ONLY</b></p> <p>_____ USAT&amp;F# <b>**{www.usatf.org }</b></p> <p>_____ <b>PHYSICAL FORM **</b></p> <p>_____ <b>Birth Certificate (3 copies) **</b></p> <p><b>**{REQUIRED Before PRACTICING}</b></p> <p><b>SHIRT SIZE</b> _____</p>
	Individual	Family															
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Both Seasons	\$125	\$175	\$245														

(Form is *not* complete until Acknowledgement of Risk and Emergency Medical Release is signed)

**ACKNOWLEDGEMENT OF RISK  
AND  
WAIVER OF LIABILITY**

In consideration for allowing the below-named individual to participate in club activities and use the facilities, I acknowledge that there may be some risks involved. I hereby release the Junior Striders Track and Field Club, 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 the Junior Striders 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. 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 Junior Striders.

SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE  
(If Under 18 years of Age)

\_\_\_\_\_  
DATE

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**EMERGENCY MEDICAL RELEASE**

In the event of a medical emergency, I/we as the parent/guardian do hereby authorize the Junior Strider 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 club-related activities.

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

SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE  
(If under 18 years of age)

\_\_\_\_\_  
DATE