

SHAMROCK- MSXC Middle School Cross Country CLUB HOSTED BY TRACK CITY TRACK CLUB



Name: _____ Gender: Male or Female (circle one)

School Attending: _____ Grade: _____

Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/ Guardian's Name(s): _____

Home Phone(s): _____

Cell Phone: _____ CellPhone: _____

Email(s): _____

Emergency Contact (always will call parents first) _____

How will the child get to/from practice? (permission to walk/bike on their own?):

Health Conditions/Allergies?: _____

Medical Information/Waiver: To whom it may concern: I, the parent/guardian of the above named applicant hereby authorize a club representative of Track City Track Club to seek and sign for medical treatment for my child, a member of said club, in an emergency situation. I also authorize that the same representative be allowed to sign for medical treatment in non emergency situations when my child is traveling with the club or when I am unable to be reached by phone. I also agree for myself, my Heirs and personal representatives to waiver and release all claims for damages I may now or hereafter have arising out of the above named person's participation in any activities of Track City Track Club. I further state that to my knowledge, applicant has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level.

Parent Initial: _____

Medical Insurance: All participants must have current medical insurance coverage.

Insurance name; _____ Group Number: _____

T-Shirt Size (Please circle): Youth Large or Adult: Small Medium Large

Fee: \$80.00 Payable to Track City Track Club (fees cover t-shirt, racing singlet and meet entry)

Parent/Guardian Signature _____

Date ___/___/___



Bring registration and fee to first practice or mail by 8/14/15 to: 3396 Rosemont Way * Eugene, OR 97401
Attn: Jill Mestler

Schedule TBA. Questions, contact Jill Mestler jmestler5@gmail.com or 541.221.2929