



SHAMROCK MSXC CLUB

Middle School Cross Country

HOSTED BY

TRACK CITY TRACK CLUB

Participant Name: _____ Gender: Male or Female

School Attending: _____ Grade: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip: _____

Parent's Names: _____

Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email(s) for all meet and practice schedule information

Emergency Contact (we will always try to call parents first) _____

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

Please list any allergies or other health conditions (please remind athletes who use an inhaler to bring them to all practices):

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: _____

Insurance Phone: _____

T-Shirt Size (Please circle)

Youth Large or Adult: Small Medium Large

Fee: \$80.00 Payable to Track City Track Club

Fee includes team t-shirt and entry into all meets and occasional snacks, Gatorade. Proceeds will be used for Sheldon

Community trail maintenance.

(Scholarships available-see Jill Mestler)

Parent/Guardian Signature _____

Date ____/____/____

Mail completed form to:

Jill Mestler

3396 Rosemont Way

Eugene, OR 97401

OR bring to first practice

