

# SHAMROCK MSXC CLUB



**A Middle School Cross Country running club**

HOSTED BY TRACK CITY TRACK CLUB

Participant Name: \_\_\_\_\_ Gender: Male or Female

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

Email(s) - Primary communication is by email, please list all email addresses you wish to receive schedule and practice information:

\_\_\_\_\_

Emergency Contact (we will always try to call parent/guardian first) \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Page 1 of 2 (see waiver on next page or back of this paper)**

## Page 2 of 2: Shamrock MSXC registration and waiver

**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 waive 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 –

If you do not mail this form in advance of first practice, please email me to let me know to add your child's name to the roster.

Email: [jmestler5@gmail.com](mailto:jmestler5@gmail.com)  
Jill's cell # 541-221-2929

