

**PANTHERS ELITE TRACK & FIELD CLUB
REGISTRATION APPLICATION**

Name (Last) _____ (First) _____

Date of Birth ___/___/___ Current Age _____ School _____

Address _____ City _____ Zip _____

Main Contact E-Mail Address: _____

Parent (Guardian) Information

Guardian 1# _____

Guardian 2# _____

Relationship _____

Relationship _____

Home # _____

Home# _____

Cell or Work# _____

Cell or Work# _____

Medical Information/Waiver: To whom it may concern: I, the parent/guardian Of _____ Hereby authorize a club representative of Panthers Elite Track & Field 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 nonemergency 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 hereafter have arising out of the above named person's participation in any activities of Panthers Elite Track & Field 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.

Insurance & Policy #: _____

List any allergies (medication, food, etc.) _____

Athlete Photographs/Images: By signing below I understand and agree that Panthers Elite Track & Field Club has my permission to take and use my child's photographs or digital images for official Club purposes.

Parent/Guardian Signature _____ **Date** ___/___/___

REGISTRATION FEES:
(THIS FEE IS NON-REFUNDABLE)

6-Under	\$135 (uniform included)
New Members	\$185 (uniform included)
Returning Athletes	\$135(uniform NOT included)

Returning Athletes needing a new uniform: Please see administration for pricing

Additional (Siblings) (15% Discount Multiple Athletes)

****Fee Includes:**

(Club Membership, Team Uniform, Team T-Shirt, (AAU) Membership-Insurance, Banquet Fee & More)

For Questions: E-Mail: pantherselitetrack@gmail.com Website: www.hppantherstrack.org or Ph: (919) 685-7567

(For Office Use, Do Not Write Below This Section)

Registration Fee \$ _____ Physical Form _____ Release of Liability Form _____

Copy of Birth Certificate _____ Uniform Sizes Top _____ Bottom _____ T-Shirt Size _____

**PANTHERS ELITE TRACK & FIELD CLUB
RELEASE OF LIABILITY AGREEMENT**

I/ we agree to indemnify, save and hold the PANTHERS ELITE TRACK & FIELD CLUB, LLC
It's officers, agents, representatives, coaches and employees from and against all rights, actions ,causes, claims
of liabilities, costs of expenses of any kind as well as attorney's fees on appeal, of whatsoever
kind or nature to which the organization may be subjected as a result of my participation in the activity
for which I am registering. I further agree that this release shall apply in the event that (I/ my child) is disabled,
injured, or incur disease of a temporary or permanent nature while participating in this activity.

I/ we further agree to return any and all property issued to me upon (request), expiration of this activity
Or whenever I have ceased to be a member of said activity, or in the event the equipment is lost, stolen
or damaged to reimburse the PANTHERS ELITE TRACK & FIELD CLUB, LLC for said property.

I/ we certify that I have fully read and understand the contents of this form and that I fully agree to all
terms and conditions. This contract shall not become effective until signed by the participant, parent
(in case of minor) and agent of the organization and accepted by the PANTHERS ELITE TRACK & FIELD CLUB, LLC.

ATHLETES SIGNATURE: _____ Date: __/__/__

ATHLETES SIGNATURE: _____ Date: __/__/__

PARENT/GUARDIAN SIGNATURE: _____ Date: __/__/__

EMERGENCY CONTACT NAME(S): _____

EMERGENCY CONTACT NUMBER(S): _____

Name of Insurance Company and Policy Number, in case of medical emergency or injury.

Insurance Company Name _____

Policy Number _____ Group Number _____

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