**HIGH POINT PANTHERS 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 High Point Panther 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 waiver and release all claims for damages I may now hereafter have arising out of the above named person’s participation in any activities of High Point Panthers 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 HP Panthers 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: OPTIONAL ITEMS:**

 **(THIS FEE IS NON-REFUNDABLE)**

6-Under $135 (uniform included) Team Sweat Suit $75.00

New/Returning Athletes $185 (uniform included) Team Travel Bag $25.00

 Team Duffle Bag $40.00

Additional (Siblings) (15% Discount Multiple Athletes) Team T-Shirt $14.00

**\*\*Fee Includes:**

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

**(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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sweat Suit Size Jacket \_\_\_\_\_\_\_\_\_ Pants \_\_\_\_\_\_\_\_\_\_\_\_\_

**For Questions: E-Mail:** [**panthers**](http://panthers)**elitetrack@gmail Website:** [**www.hppantherstrack.org**](http://www.hppantherstrack.org) **or Ph: (919) 685-7567**

**HIGH POINT PANTHERS TRACK & FIELD CLUB**

**RELEASE OF LIABILITY AGREEMENT**

**I/ we agree to indemnify, save and hold the HIGH POINT PANTHERS 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 HIGH POINT PANTHERS 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 High Point Panthers 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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