

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# _____

Relationship _____

Home # _____

Cell or Work# _____

Guardian 2# _____

Relationship _____

Home# _____

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

6-Under	\$110.00 (uniform included)
New Athletes	\$160.00 (uniform included)
Returning Athletes	\$150.00 (uniform included)
Additional (Siblings)	(10% Discount Multiple Athletes)

OPTIONAL ITEMS:

Team Sweat Suit	\$65.00
Team Travel Bag	\$15.00
Team Duffle Bag	\$30.00

****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: hppantherstrack@aol.com Website: www.hppantherstrack.org or Ph: (336)- 454-2011

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: ___/___/___

ATHLETES SIGNATURE: _____ Date: ___/___/___

PHONE NUMBER: _____

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