

**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 \$290 (uniform included)

New Members \$345 (uniform included)

Returning Athletes \$290 (uniform included)

**\*Above fees also include athlete meet entry fees for all meets on the schedule until May 28, 2023 \***

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](mailto:pantherselitetrack@gmail.com) Website: <http://www.pantherselitetrack.com>**

**(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 NAME: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

ATHLETES NAME: \_\_\_\_\_ 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 \_\_\_\_\_