

WINGS OF GLORY TRACK CLUB REGISTRATION FORM

Dear Parent or Guardian:

The Wings of Glory Track Club welcomes you and your child to our Youth Track & Field Program! We hope that your child will find the experience rewarding and will develop skills and friendships that he/she will keep for the rest of his/her life.

Your child will be placed on the team and in events based on an assessment by the staff. As a condition of your child's participation in this activity, you must complete and sign the attached form and return it to the Wings of Glory Track Club. Your child's participation depends on your agreement to all the terms of this form.

Thank you.

Child's Name _____ Parent's Name _____

Age _____ Birth date _____ Sex _____ Telephone _____ Parent's Work Phone _____

mm/dd/yyyy

Address _____ City _____ Zip _____

School _____ Grade _____

Desired Track and Field Events _____ Email _____

1. _____

2. _____

3. _____

This form has four sections (1) an assumption of risk and release; (2) paragraph of instruction and health, welfare and safety authorization; (3) medical authorization; and (4) a participant information form. The first section tells you about risks of injury that may arise from participating in a Youth Sports Program in order to aid you in making an informed decision as to whether or not your child should participate in this athletic activity and requires you to assume its risks. The second section emphasizes obedience to safety rules and team code of conduct outlined below. The third section gives the Wings of Glory Track Club coaching staff authorization to provide medical care in case an accident should happen and you cannot be contacted. The fourth section provides the Wings of Glory Track Club staff important information about your child.

As a parent or guardian, you should ask coaches, physicians, and other knowledgeable persons about any concerns that you might have at any time about your child's participation or safety. The decision for your child to participate is yours and you assume all risks outlined below.

I. ASSUMPTION OF RISKS

Injuries to athletes of the club may occur from risks inherent in the sport or activity; from placing stress on the body that it has not been prepared for; from accidents in learning or practicing playing techniques; from failing to follow meet, training, safety or other team rules; from the use of transportation to and from meets and other events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cuts, scrapes, or muscle strain to catastrophic injuries, such as paralysis, or etc.

In consideration of the Wings of Glory permitting my child or ward to participate in its Youth Sports Program, I hereby agree, on behalf of my child, that he or she will assume the risk of injury from participating as outlined above. I release the Wings of Glory, and all those associated with it including but not limited to its OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AGENTS, Board members, and/or volunteers OR ITS representatives, and all those places they may hold practices and anyone associated with those places from any liability resulting from my child's participating in the sport or activity. This assumption of risk and release binds by child's heirs, estate, executor or administrator, and assigns all members of my family.

II. INSTRUCTION

I have told my child to obey all directions of the instructors and personnel in charge of the sport or activity and their assistants; to comply with all safety instructions; and to refrain from horseplay and other unsafe practices. I authorize the coaching staff of the Wings of Glory Track Club to make any decisions concerning health, welfare and safety including medical treatment (see section III below) for this athlete.

III. MEDICAL AUTHORIZATION

In the case of an accident or illness, I authorize the Wings of Glory Track Club and its staff and volunteers to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that the Wings of Glory Track Club and its staff and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

Parent/Guardian Initials _____

I hereby acknowledge that the athlete named above has been examined by a physician, within the last one (1) year, to compete in athletic activities. I do hereby give my consent for the above athlete to participate in the Wings of Glory Track and Field Running Program. I authorize the coaching staff of the Wings of Glory Track Club to make any decisions concerning health, welfare and safety including medical treatment for this athlete during my absence. I HAVE READ AND UNDERSTAND ALL THE ABOVE INFORMATION.

I/We have agreed to assume all risks of participation and terms of the release described above.

Signature of Parent or Guardian

Date

Printed Name: _____

Address: _____

Telephone: (Home) _____ (Day/Work) _____

Telephone: (Cell) _____

Relationship to Athlete: _____

IV. EMERGENCY AND MEDICAL INFORMATION

Person to contact in case of an emergency:

Name

Telephone (Day)

Address

City

Zip

Telephone (Evening/Weekend)

Alternate person to contact in an emergency:

Name

Telephone (Day)

Address

City

Zip

Telephone (Evening/Weekend)

Physician:

Name

Telephone

Address

City

Zip

Allergies: _____

Medications: _____

Medical Problems: _____

Insurance Company: **(Please provide a copy of your medical insurance card)** _____

Comments: _____

Parent/Guardian Initials _____