



**Athlete Registration**

**Athlete Information**

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Birth Date: \_\_\_\_\_ USATF Member Number: \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**Contact Information**

Parent/ Legal Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Secondary Contact Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I voluntarily agree for my child to participate in the Colts Running Club. I realize that every precaution is taken to eliminate any hazards and a competent supervisor is present; however, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for damages for personal injury, including accidental death, as well as from claims for property damage which may arise in connection with the any club-related activity, against the employees, coaches, and directors of the Colts Running Club.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission to have photos taken during practices, races, and/or club events to be used for marketing and/or on the club website / published documents.

\_\_\_\_\_ Initials