



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: _____ Age: _____

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