

2017 Kennworth Track Club Registration form

Athlete Information

Last: _____ First: _____ Nickname: _____

Street address: _____ City: _____ Zip: _____

DOB: ___/___/___ School: _____ Grade: _____ Gender: M / F: ___

Parent or Guardian information

Mother: _____ Phone: _____ Mobile: _____

Email: _____

Father: _____ Phone: _____ Mobile: _____

Email: _____

Parent Volunteers for practice: Please check if you are interested Y/N : ___

Emergency Contact: (if other than parent): _____ Phone _____

Medical Information

Health insurance: Y or N: ___ Provider Name: _____

Policy / Member number: _____

Does the athlete have any medical conditions Kennworth should be aware of (Asthma, Diabetes, Physical limitations etc?)

The undersigned hereby requests that the named athlete be allowed to participate in this program during the current season and, in consideration thereof, the undersigned assumes all risks and hazards incidental thereto and agrees to hold harmless and indemnify, release and discharge The Kennworth Track Club, Inc., its officers, coaches and sponsors from any personal or property claim arising from any activity or transportation to or from these activities. Further, this shall authorize any Doctor/Emergency Technician to commence immediate treatment in the event of any accident, illness or injury to the athlete, and the undersigned shall be liable for payment thereof, without the necessity of further release or authorization whatsoever. I further agree that I have read, understood and signed The Kennworth Track Club, Inc. "Code of Conduct", and I do agree to its terms and conditions. Kennworth Track Club, Inc. is a private, non-profit organization registered with the State of Georgia USATF, and is NOT in any capacity affiliated with any city, county, government or school district.

Parent or Guardian Signature: _____ Date ___/___/___

ACKNOWLEDGEMENT

I have received and read the Kennworth Track Club member handbook and registration packet. I understand the rules and regulations contained within and will comply with them. Non-compliance may subject the athlete to dismissal from the club without refund.

Additional acknowledgement:

- If my child qualifies for and accepts participation in a post season competitive meet, I am obligated to ensure my child's participation. Out-of-town travel will result in additional costs not paid for by Kennworth Track Club, Inc.
- My child has sufficient medical insurance coverage.
- All membership fees are the responsibility of the parent/s or legal guardian/s of the registered athlete. _____(Initials)
- There are no refunds for any reason after registration. _____(Initials)
- All birth certificates must be received by first official practice for each season. If the Kennworth Track Club, Inc. does not have your child's birth certificate by this date your child will not be allowed to participate in any Kennworth Track Club Inc, team practices, meet, or competition. It is not the responsibility of Kennworth
- I am providing the requested information below.

Athlete name (printed) _____

Athlete signature _____

Parent name _____

Parent signature _____