



**WILCO TRACK & FIELD, INC REGISTRATION FORM**

Cost \$125 - T-Shirt included

Pay at [wilcotrackandfield.org](http://wilcotrackandfield.org) or by check with this form  
(USATF or AAU yearly membership, meet fees not included)

Athlete Name \_\_\_\_\_  
(first) (last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name & Cell Phone \_\_\_\_\_ / \_\_\_\_\_ Athlete's Cell Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Athlete Email \_\_\_\_\_

Athlete Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ USATF Member # \_\_\_\_\_ AAU # \_\_\_\_\_  
(if you have one) (if you have one)

T-Shirt Size - YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_

Please List Any Physical Handicaps, Injuries, Allergies \_\_\_\_\_

Date of Athlete's Last Physical \_\_\_\_\_ Grade and School Entering \_\_\_\_\_

Do you have experience participating in Track & Field? \_\_\_\_\_

If so, list Track Events/Best Performance

1. \_\_\_\_\_ / \_\_\_\_\_ 2. \_\_\_\_\_ / \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_

=====

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Athlete (mother, father, guardian, etc.) \_\_\_\_\_

**LIABILITY WAIVER**

As the parent or legal guardian of the above athlete \_\_\_\_\_, I fully understand that participation in athletics, in this case track and field, could result in both minor and serious injury and even death. I further understand that to minimize the risk of injury or harm, the athlete should have had a physical within the past year. I assume any and all risks associated with the above athlete's participation as a member of the WilCo Track & Field, Inc and I hereby waive and release the WilCo Track & Field, Inc; its coaches and volunteers of any and all rights for damages or injuries suffered while participating during a scheduled practice, conditioning session or competition; while traveling to or from a scheduled practice, conditioning session or competition; or during any other Club related activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDIA/PHOTO Release**

I give Wilco Track & Field Inc., permission to use any written accounts, photographs, video, and sound recordings of my child for educational and promotional purposes.

I understand that this media may be used in printed publications and distributed via various media, including, but not limited to the social media, website, press releases etc..

I understand that I or my child will not receive any compensation for or any rights to these photographs or videos, and I release and fully discharge Wilco Track & Field Inc., coaches and volunteers from any liability for their use.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL RELEASE**

In case of illness or accident, I give my permission for the emergency medical treatment of my child. If I cannot first be contacted. My home number is ( \_\_\_\_\_ ) and cell number is ( \_\_\_\_\_ )  
I understand that I am responsible for all costs associated with the treatment of my child. Furthermore, I notify Wilco Track & Field Inc., that my child has the following health concerns, problems, and/or issues:  
He/She is taking the following medications:

\_\_\_\_\_

He/She is allergic to the following medications

\_\_\_\_\_

Important notes related to emergency treatment

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ORG USE ONLY  
PAYMENT TYPE**

ONLINE

CHECK (check # \_\_\_\_\_)