



WILCO TRACK & FIELD, INC REGISTRATION FORM

Cost \$100 - T-Shirt included

Pay at wilcotrackandfield.org or by check with this form
(USATF yearly membership, uniforms and 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 _____ First-Time Member _____ Returning Member _____
USATF # _____

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. _____ / _____

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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 # ___)