



WILCO TRACK & FIELD, INC REGISTRATION FORM

SUMMER CHALLENGE

Cost \$75 - T-Shirt included

Pay at wilcotrackandfield.org

Email copy by May 27th to: info@wilcotrackandfield.org

Testing Date: May 30th

ONLINE PROGRAM CHOICE (Check one)

- Speed & Strength
Endurance & Strength

Athlete Name (first) (last)

Address City State Zip

Parent's Name/Email/Cell / /

Parent's Name/Email/Cell / /

Athlete Age Date of Birth

T-Shirt Size - YS YM YL AXS 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 Best Track Events

1. 2. 3.

Separator line

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 in a virtual program, in person practice, conditioning session or competition; while traveling to or from a scheduled practice, conditioning session or competition; or during any other Club related activity.

Signature lines

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

ORGANIZATION USE ONLY

PAYMENT TYPE

____ ONLINE

____ CHECK (check # ____)