

Nordheim Track Club

APPLICANT'S NAME: \_\_\_\_\_

AGE TODAY: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

GENDER: MALE FEMALE

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEDICAL INFORMATION: \_\_\_\_\_

PARENT INFORMATION AND RELEASE: I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, hereby give authorization for participation in any and all Nordheim Track Club activities. I hereby grant permission to managing personnel and club representatives to authorize and obtain medical care from any license physician, hospital or medical clinic, should the athlete become ill or injured while participating in club activities when neither parent nor legal guardian is present to grant authorization for immediate treatment. I assume all risks and hazards incidental to such participation, including transportation to and from league activities: and do hereby waive, release, indemnify and agree to hold harmless Nordheim Track Club and it's agents, assigns, representatives, officers and employees from any and all claims arising out of the player's participation in any and all club activities. The Nordheim Track Club will not tolerate disrespect at any practice's or track meets. I acknowledge Nordheim Track Club may refuse membership or registration to any person, at any given time. I HAVE READ AND UNDERSTAND THE ABOVE REGISTRATION FORM AND PARENTAL AUTHORIZATION / MEDICAL RELEASE. I VERIFY THAT I HAVE COMPLETED THIS FORM AND THAT THE INFORMATION I PROVIDED IS TRUE AND CORRECT. I FURTHER AGREE TO ABIDE BY THE RULES AND GUIDELINES SET FORTH BY GARLAND TRACK CLUB.

Signature of Parent/Guardian or Participant Date: \_\_\_\_\_