



CROSS COUNTRY REGISTRATION PACKET

All forms must be completed. Please do not leave questions blank. Enter N/A for non-relevant information.

Athletes cannot compete until LVER has received and processed the registration packet. Thank you

Athlete Name:

☐ Competitive

☐ Non-Competitive

Email: lasvegaseliterunners@gmail.com

Phone: 702-612-7276

Address: P.O. Box 92874, Henderson, NV 89009-2874

LAS VEGAS ELITE RUNNERS CROSS COUNTRY



Competition Year

Athlete Name: _____

CHECK LIST

- ☐ Las Vegas Elite Runners Registration Form
- ☐ Annual Athlete Registration Fee - **\$300.00, NON-REFUNDABLE**
(This payment does not cover travel expenses to meets or invitationals. A separate check list will be provided, in advance, detailing projected travel expenses for the event. The athlete's expenses will be covered by fundraising, donations, sponsorships and the athlete's family.)
- ☐ USATF Membership
You may sign up and pay online: <http://usatf.org/membership> Club# 49-0466
(Membership is annual: January - December. The National office does not prorate this fee.)
- ☐ AAU Membership
You may sign-up for and pay online: play.aausports.org Club# W34483 (Membership is annual: September 1 - August 31)
- ☐ Health Record and Physical
- ☐ Birth Certificate: Upload a copy into the AAU and USATF membership portals.
- ☐ Custom Sublimated Uniform Bundle - **Cost available upon request. NON-REFUNDABLE**
(Bundle includes: 1 uniform set, 1 track suit, 1 dry fit t-shirt, 1 large backpack)
- | <input type="checkbox"/> Athlete received: | | Parent Initials | Staff Initials |
|--|------------|-----------------|----------------|
| Uniform Jersey | Size _____ | _____ | _____ |
| Uniform Shorts | Size _____ | _____ | _____ |
| Warm up Jacket | Size _____ | _____ | _____ |
| Warm up Pants | Size _____ | _____ | _____ |
| T-shirt | Size _____ | _____ | _____ |
| Backpack, personalized: | _____ | | |

Registration fees, uniform costs, and membership fees are subject to change without notice.

Athlete CANNOT compete until ALL registration documents, memberships and payments have been received and verified.

*****Athlete is responsible for racing flats and comfortable running shoes.***

ADMINISTRATIVE USE ONLY

Date Registered: _____

AAU# _____ USATF# _____

Registration Complete: _____ Incomplete: _____

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LAS VEGAS ELITE RUNNERS

Registration Form

CROSS COUNTRY



Athlete Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____

Date of Birth:

MM	DD	YYYY
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Per each website, follow the instructions to upload a copy of the birth certificate into the AAU and USATF membership portals.

Name of Parent(s) or Legal Guardian(s):

Mother's Name _____ Phone _____ E-mail _____

Father's Name _____ Phone _____ E-mail _____

Legal Guardian _____ Phone _____ E-mail _____

Uniform Sizes (please check):

Uniform Jersey Youth - ☐XS ☐S ☐M ☐L ☐XL

Adult - ☐XS ☐S ☐M ☐L ☐XL

Uniform Shorts Youth - ☐XS ☐S ☐M ☐L ☐XL

Adult - ☐XS ☐S ☐M ☐L ☐XL

Warm Up Jacket Youth - ☐XS ☐S ☐M ☐L ☐XL

Adult - ☐XS ☐S ☐M ☐L ☐XL

Warm Up Pants Youth - ☐XS ☐S ☐M ☐L ☐XL

Adult - ☐XS ☐S ☐M ☐L ☐XL

T-shirt Youth - ☐XS ☐S ☐M ☐L ☐XL

Adult - ☐XS ☐S ☐M ☐L ☐XL

Backpack, personalized: _____

Signature _____ Date _____

Print name of Parent/Legal Guardian _____ Parent/Legal Guardian

Do not write below this line

☐ USATF Membership ☐ AAU Membership ☐ Health Record ☐ Birth Certificate

☐ _____ Uniform ☐ Warm Up Suit ☐ T-shirt

Date Received: _____ Date Completed: _____

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LAS VEGAS ELITE RUNNERS

HEALTH RECORD



Athlete Name: _____

Age: _____ Birth Date : _____

Mandatory Sports Physical - Attach completed **Clearance Form**. Athlete cannot practice or compete if not cleared by your physician. The physician's signature and physician's stamp must be on the Clearance form.

Name and address of the doctor who performed or will perform the physical:

List known allergies to medications or food: _____

Special or prescription medications or pertinent information: _____

List restriction(s) or medical condition(s) that may affect practice or competing: _____

Mother's Name: _____ Home# _____ Work# _____

Father's Name: _____ Home# _____ Work# _____

Guardian's Name: _____ Home# _____ Work# _____

Emergency Contact (friend or relative): _____ Phone# _____

Family Physician: _____ Phone# _____

Address: _____

Insurance Company: _____

Insurance Policy Number: _____

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HEALTH RECORD



Emergency Authorization to Treat a Minor

I (we) the undersigned parent, parents, or legal guardian of: _____
Print Name of Child/Athlete

In case of an emergency, I hereby give permission to the emergency room physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child ONLY if I or the person or persons named herein cannot be contacted.

As parent or legal guardian of the applicant, I am in favor of him/her attending team functions and accept the conditions named. The health history stated is correct and the person herein described has permission to engage in all prescribed team activities except as noted. In addition, I have read and understand the Emergency Authorization to Treat a Minor and give my full consent to terms found therein.

Emergency Contact: (Print Name) _____

Phone: _____ Email: _____

Parent/ Guardian(s) Contact: (Print Name) _____

Phone: _____ Email: _____

Signature _____ Date _____
Print name of Parent/Legal Guardian Parent/Legal Guardian

Signature _____ Date _____
Print name of Parent/Legal Guardian Parent/Legal Guardian

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LAS VEGAS ELITE RUNNERS

PHOTOGRAPHY RELEASE



I hereby authorize Las Vegas Elite Runners, to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in Las Vegas Elite Runners print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Las Vegas Elite Runners from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Las Vegas Elite Runners to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in the organizations marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Las Vegas Elite Runners, its contractors, its employees and any third parties involved in the creation or publication of company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Authorization:

Printed Name: _____

Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Relationship to Children: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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LAS VEGAS ELITE RUNNERS

REFUND POLICY

Please read each section carefully and initial.

_____ \$300 registration fee is an annual fee for Competitive Track and Field athletes. This fee, once paid, is **NON-REFUNDABLE**. Track and Field season for Las Vegas Elite Runners is January through June and includes July if the athlete advances from the Regional Championships to the Junior Olympics. Upon registration in January, you and your athlete have committed to attending practices and meets as established by the LVER coaches.

_____ Entry fees for events your athlete will compete in are **non-refundable**. Once entry fees are submitted, the Host team who gets the entry fees do not issue refunds to the entering teams; therefore, LVER will not issue refunds.

_____ Sublimated uniform fees are **NON-REFUNDABLE**. These uniforms are custom made and the vendor will not issue refunds; therefore, LVER will not issue refunds.

_____ \$175 registration fee is a fee for non-competitive persons. This fee, once paid, is **NON-REFUNDABLE**. This fee covers two (2) days of training for 1 hour each day for six (6) weeks. **This is not personal training**; however, your training will cover various forms of strength, endurance, and flexibility. Your workout will be established by the Development Coach.

_____ The first day training begins for persons in the non-competitive group, the Non-Competitive Registration Fee **CANNOT** be transferred to the Competitive Registration Fee.

_____ The first day training begins for persons in the competitive group, the Competitive Registration Fee **CANNOT** be transferred to the Non-Competitive Registration Fee.

ACKNOWLEDGEMENT:

By signing, I have read and understand each of the above sections.

Date: _____

Signature _____

Print Name _____