



# 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

Phone: 702-612-7276

Email: [lasvegaseliterunners@gmail.com](mailto:lasvegaseliterunners@gmail.com)

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

# 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 -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Uniform Shorts	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Warm Up Jacket	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Warm Up Pants	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
T-shirt	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL

\_\_\_\_\_  
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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# LAS VEGAS ELITE RUNNERS

## 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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