



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:

Phone: 702-612-7276

Email: lasvegaseliterunners@gmail.com

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



2025 CROSS COUNTRY REGISTRATION INFORMATION

Athlete Name: _____ **Date** _____

Cross Country Season is from August to December. November, the championship rounds begin. Those who compete and qualify to move on in their respective event will compete and represent their team, association, and region in the Junior Olympic Championships. Training for athletes who advanced from Regionals will continue through December. Training will end in November for athletes who do not advance from Regionals.

Have you competed in Cross Country? ☐ Yes ☐ No. If yes, did you compete with a team (name & year) or unattached (year)? _____

List the goals your athlete wants to achieve: _____

List ALL the sports your child is committed to: _____

Will the sport(s) create challenges for you and your child to attend practices or meets? ☐ Yes ☐ No.
If Yes, Explain: _____

Primary Goal

- Train to compete at the highest levels of competition to qualify for the Junior Olympics.

Commitment / Practice Time

- Weekly:
 - 6:00 p.m. to 8:00 p.m., Tuesday, Wednesday, Thursday
 - 7:00 a.m. to 9:00 a.m. Saturday. No practice when the team is competing in a meet or traveling.
- **Athletes and parents must be committed** to attending and being on time for WEEKDAY and WEEKEND PRACTICES, and COMPETITIONS. Daily attendance is taken and recorded.
- **Will travel** - athletes meet or exceed target times in practice, are on time with minimal absences.
- **Will not travel** - athletes are not meeting target times in practice, excessively late, excessively absent.

Coaches do not provide transportation to or from practices or meets.

A \$10.00 Late Fee will be charged if the athlete is picked up after the close of practice. Arrive 10 – 15 minutes early to pick up your athlete(s). Please plan ahead.

Parents and athletes must sign below acknowledging the commitment involved while participating with LVER.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

LAS VEGAS ELITE RUNNERS

Cross Country

Competition Year



Athlete Name: _____

CHECK LIST

- ☐ Las Vegas Elite Runners Registration Form
- ☐ Annual Athlete Registration Fee - **\$350.00, 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 (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 t-shirt, 1 large backpack). Items may be purchased separately.

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

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

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

ADMINISTRATIVE USE ONLY

Date Registered: _____

AAU# _____ USATF# _____

Registration Complete: _____ Incomplete: _____

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Rev. Aug 2025

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 _____

Annual Fees: \$350.00, NON-REFUNDABLE

Uniform Sizes (please check): NON-REFUNDABLE. Sublimated uniforms are custom made. The vendor does not refund.

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

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 ☐ Personalized Backpack

Date Received: _____ Date Completed: _____

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LAS VEGAS ELITE RUNNERS

HEALTH RECORD

Cross Country



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

Cross Country



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

Cross Country



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.

- _____ The registration fee is an annual charge applicable to all Las Vegas Elite Runners Cross Country athletes. Please note that this fee is **non-refundable** once payment has been made. The Cross Country season for Las Vegas Elite Runners runs from August through November, extending into December should the athlete qualify for the Junior Olympics following the Regional Championships. By registering, both you and your athlete agree to participate in practices and meets as scheduled by the LVER coaching staff.
- _____ Entry fees for events your athlete(s) 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.

ACKNOWLEDGEMENT:

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

Signature

Date: _____

Print Name