

2025 TRACK 757 Registration/Medical Release Form

PLEASE PRINT NEATLY

Athletes Last Name: _____ Athletes Middle Initial: _____

Athletes First Name: _____ Female Male

Athletes Age: _____ Date Of Birth - Month: _____ Day: _____ Year: _____

Was a copy of the birth certificate submitted with registration

Parent/Guardian No. 1 Name: _____

Primary E-mail: _____

Phone Home: _____ Cell: _____

Parent/Guardian No. 2 Name: _____

Secondary E-mail: _____

Phone Home: _____ Cell: _____

Address: _____ City: _____ Zip Code: _____

Emergency Contact Name: _____

(List a name other than above listed parent/guardian)

Emergency Contact #: _____ Relationship to Athlete: _____

IN ORDER TO RECEIVE E-MAIL NOTIFICATION THIS FORM MUST BE COMPLETED

Cross Country 2025 Indoor 2025 Outdoor

PHOTOGRAPHS

I hereby grant permission to TRACK 757 Track Club to use my athletes image on the TRACK 757 Track Club web site or social media pages (Facebook & Instagram) without further consideration. I understand that no names will be used on the web site unless specific permission, in written form, is given to an appropriate staff member.

FUNDRAISERS

There are mandatory fundraisers. Participation is required. You have the option of buying out of the mandatory fundraisers if desired. Parent Initial: _____

MEDICAL RELEASE & WAIVER

With the full understanding that track and field requires a wide range of exercise and exerting activity, does your child have any condition or illness that may affect his/her full participation?

Yes: _____ No: _____ If yes, please describe, including any limitations: Also please list any pertinent medical information (Epilepsy, Asthma, Diabetes, Allergies, Medications etc.):

I understand that it is *recommended* my child have a physical examination each year.

I declare that to the best of my knowledge; my child is in good health and physical condition and I have disclosed pertinent information pertaining to his/her health and physical condition. I hereby waive, release, and forever discharge Track 757 Track Club, it's members, officers, directors, managers, coaches, and practice locations from any and all claims, demands, actions, and causes of action of every name and nature and especially from all claims arising out of any and all personal injuries, damages and for any loss or damage whatsoever, resulting directly there from that may befall my child while engaged in practices/meets and all events attended by Track 757 for the 2024 XC and 2025 Indoor/Outdoor seasons.

***Parent Initial:* _____**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by Track 757 and their representatives, agents or assignees, when neither the parents, guardians, or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Law of the Commonwealth of Virginia. *Parent Initial:* _____

This agreement includes a waiver and release of liability. I have read this agreement and understand that I have given up rights by signing this agreement. I am signing this agreement only after a careful review of it contents.

A registration fee for indoor and outdoor will be collected. This does not include the cost of the uniform or competition.

Signature (Parent/Guardian): _____

Date: _____