

East Cobb Cheetahs Track Club – Summer 201__ Registration Form

Athlete Information

Last Name: _____ First Name: _____ Nick Name: _____
Address: _____ City: _____ Zip: _____
Email: _____ Current Age: _____ Birthdate: _____
School: _____ Grade: _____ Gender (circle): M F

Parent Information

Father's Name: _____ Email: _____
Mobile: () _____ Home: () _____
Mother's Name: _____ Email: _____
Mobile: () _____ Home: () _____

EMERGENCY CONTACT

Name: _____ Email: _____ Phone: () _____

Health & Medical Information

Do you have medical insurance? (circle one) YES NO Company Name: _____
Policy/Member #: _____ Phone: () _____
Physicians Name: _____ Physician's #: () _____

Does the above athlete have any medical problems? (circle all that apply)

Allergies Asthma Medical Limitations Migraines Nosebleeds Other

If yes, please explain: _____

PARENTAL AUTHORIZATION: I, _____, ASSUME ALL RISKS AND HAZARDS COINCIDENTAL TO RUNNING ACTIVITIES AND HEREBY RELEASE, ABSOLVE, AND HOLD HARMLESS, COBB COUNTY BOARD OF EDUCATION, COBB COUNTY COMMISSIONERS, COBB COUNTY EMPLOYEES, EAST COBB CHEETAHS TRAK CLUB (ECCTC), ECCTC BOARD OF DIRECTORS, ORGANIZERS, SUPERVISORS, COACHES, VOLUNTEERS, PARTICIPANTS, AND PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES, FROM ANY CLAIM FOR LOSS, DAMAGE, OR INJURY THAT MAY OCCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN EAST COBB CHEETAHS TRACK CLUB. I HEREBY GIVE PERMISSION FOR ANY AND ALL MEDICAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN THE EVENT OF ACCIDENT, INJURY, SICKNESS, ETC. UNDER THE DIRECTION OF EAST COBB CHEETAHS TRACK CLUB, COACH, ASSISTANT COACH, OR ADMINISTRATOR, UNTIL SUCH TIME AS I MAY BE CONTACTED. I ALSO ASSUME FULL RESPONSIBILITY FOR THE PAYMENT OF ANY EXPENSES ASSOCIATED WITH SUCH TREATMENT. THE RELEASE IS EFFECTIVE FOR A PERIOD OF SIX (6) MONTHS FROM THE DATE GIVEN BELOW.

Parent / Guardian Name (Printed): _____ Date: _____

Parent / Guardian Signature: _____

**THE FOLLOWING INFORMATION MUST BE PROVIDED
IN ORDER FOR ATHLETE TO PARTICIPATE**

- (3) Copies of Birth Certificate Yes No Comments: _____
- (3) Current "Physical" Form Yes No Comments: _____
- A Copy of Medical Insurance Card Yes No Comments: _____

PARENTAL RELEASE FOR INTERVIEWING, PHOTOGRAPHY, VIDEO-RECORDING

On occasion the East Cobb Cheetahs Track Club (ECCTC) may be photographed, interviewed and/or videotaped. Doing so may be for purposes including but not limited to: promotional material, advertisements, presentations, programs, and internet sites. Your athlete's name may also be used in conjunction with or by any media – including print, electronic, radio, and/or television. I, _____, authorize the organizers and professional staff to use pictures taken of _____ in future track related activities, literature, and presentations. By signing this Release, I grant permission to ECCTC, or anyone properly authorized by the organization to interview, photograph, audio-record, and/or videotape my athlete during track activities.

Parent / Guardian's Signature

Date

RUNNING SEASON (Circle All that Apply)

Cross Country Indoor Track & Field Spring Track & Field Summer Track & Field

EVENT(S) – Please circle what you think your child would be interested in:

100 meters	200 meters	400 meters	800 meters	1500 meters
3000 meters	Long Jump	Triple Jump	High Jump	100 Hurdles
300/400 Hurdles	Discus	Shot Put	Javelin	Relays

VOLUNTEERS

Name: _____ **Email:** _____ **Phone:** () _____

During Practice:

Sunday Tuesday Thursday Check One: Boys Girls

Assistant Coach - Distance Coach a Specific Field Event (List Event) _____

Other:

- Team Mom
- Publicity Person – Emails, Photography, Website, etc.
- Organize End-of-Season Banquet
- Any other ideas or help you may have to offer: _____

Uniform Sizes (please circle size)

Singlet: XS S M L XL	Shorts: XS S M L XL	T-Shirt: XS S M L XL
Sweatpants: XS S M L XL	Sweat-top: XS S M L XL	

CLUB USE ONLY

Cash Amount: _____ **Online Amount:** _____ **Check Amount:** _____ **Check #:** _____