

Rim of the World Recreation & Park District 2012 Youth Track & Field

Today's Date: _____

Athlete's Name: _____ Home Phone: _____

Mailing Address, P.O. Box: _____ City: _____ Zip Code: _____

Email Address: (for track & field info only) _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Boy () Girl () Birth date: _____ Grade: _____ School: _____

Physician/Medical Group: _____ Phone: _____

Medications: _____ Medical Problems: _____

Emergency Contact: _____ Phone: _____

Special Requests: _____

Team Selection:

Each division will have limited participation based on availability of coaches and volunteers. Selection will be done on a first come first serve basis. Once full, a waiting list will be maintained.

Day Selection (Circle One): Monday Wednesday

Jersey Size: XS S M L XL XXL **T-Shirt Size:** S M L XL

Parent Participation:

() Team Parent: Phone Tree, Plan oranges for practices & meets, Organize gift for volunteer coach

() Assist w/year end Ice Cream Party

I have read and completed the registration form and waiver. I understand there are no refunds after February 1, 2012 for any reason, unless the program is cancelled.

Parent's Signature: _____ Date: _____

*******YOU MUST ALSO SIGN THE WAIVER ON REVERSE SIDE*******

Consent for Emergency Medical Treatment for My Child

My child, _____ has permission to participate in the Rim Youth Track & Field Program. While participating in any Rim Youth Track activities, I hereby authorize any adult accompanying or assisting him/her, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which are deemed advisable by and is to be rendered under the general or special supervision of any physician and/or surgeon legally licensed in the State of California. This authorization shall remain in effect until such time as my child withdraws from Rim Youth Track & Field, unless sooner in writing.

I also understand that Track & Field has inherent risks and by signing below, I assume the risks and hazards incidental to my child's participation including transportation to and from Track activities; and I do waive, release, absolve, indemnify and agree to hold harmless, Rim Youth Track & Field, the organizers, coaches, volunteers and Rim School District for any claim arising out of an injury to my child, whether the result of negligence or for any other cause.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY

Paid Amount: \$_____ Type: Cash () Receipt #_____ Check () #_____ Credit Card () Approval #_____

Invoice #_____ Date: _____ Received By: _____