

REGISTRATION FORM
Lake Cities Track Club
2010

1. Parent/Guardian Information

Last Name _____
First Name _____
Cell Phone _____ Home Phone _____ Work Phone _____
Street Address _____
City _____ Zip _____
E-mail _____

2. Parent/Guardian Information

Last Name _____
First Name _____
Cell Phone _____ Home Phone _____ Work Phone _____
Street Address _____
City _____ Zip _____
E-mail _____

Athlete Information	uniform <input type="checkbox"/>	b/c <input type="checkbox"/>
Last Name _____		
First Name _____		
Birth date _____		
Uniform Size Youth SM <input type="checkbox"/> Youth MD <input type="checkbox"/> Youth LG <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>		

Athlete Information	uniform <input type="checkbox"/>	b/c <input type="checkbox"/>
Last Name _____		
First Name _____		
Birth date _____		
Uniform Size Youth SM <input type="checkbox"/> Youth MD <input type="checkbox"/> Youth LG <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>		

Athlete Information	uniform <input type="checkbox"/>	b/c <input type="checkbox"/>
Last Name _____		
First Name _____		
Birth date _____		
Uniform Size Youth SM <input type="checkbox"/> Youth MD <input type="checkbox"/> Youth LG <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>		

Athlete Information	uniform <input type="checkbox"/>	b/c <input type="checkbox"/>
Last Name _____		
First Name _____		
Birth date _____		
Uniform Size Youth SM <input type="checkbox"/> Youth MD <input type="checkbox"/> Youth LG <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/>		

Amount Due \$ _____ **Cash** **Check Number** _____

PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

I (Participant(s) listed on page 1), understand that I am joining an organization that actively participates in track and field competition within the state of Texas, and on behalf of myself, my heirs, executors, and administrators, in consideration of my participation in the Lake Cities Track Club, I hereby waive all claims against and release and hold harmless all officers, coaches, City of Lewisville employees, volunteer parents and other host member athletes from and against any and all claims, damages, liabilities, causes of action, losses, costs and expenses, including reasonable attorneys' fees arising out of or in connection with my participation, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of Lake Cities Track Club and/or a Sponsor and/or the Hosts or affiliate thereof.

I attest that I have read this waiver and fully understand the above stated terms and I am of legal age. If not of legal age, my parent or authorized guardian has also signed on my behalf. Parent/Guardian – I represent that I am the Athlete's parent or authorized guardian and do consent for this states Athlete(s) to participate in all scheduled events and practices and I do fully understand the Athlete's Release and agree on behalf of Athlete's heirs, successors and administrators and for Athlete's legal representative to be bound by the terms thereof.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

ATHLETES'S SIGNATURE _____ DATE _____

ATHLETES'S SIGNATURE _____ DATE _____

ATHLETES'S SIGNATURE _____ DATE _____

ATHLETES'S SIGNATURE _____ DATE _____