

**TRACK XPLOSION
REGISTRATION FORM**



Instructions: Complete form in its entirety. Please write legibly.

ATHLETE INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____
Date of Birth: _____ Gender: Male Female Age: _____ Grade: _____ Ethnicity: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Cell: _____ USATF #: _____

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN

Emergency Contact

First Name: _____ Last Name: _____
Email: _____
Phone: _____ (home) _____ (cell) _____ (work)

FATHER/GUARDIAN

Emergency Contact

First Name: _____ Last Name: _____
Email: _____
Phone: _____ (home) _____ (cell) _____ (work)

OTHER EMERGENCY CONTACT

First Name: _____ Last Name: _____
Phone: _____ (home) _____ (cell) _____ (work)

MEDICAL INFORMATION

List allergies, medications and other pertinent health information:

Allergies: _____

Medications: _____

Other pertinent health information: _____

INSURANCE INFORMATION

Policy Holder: First Name: _____ Last Name: _____

Provider: _____ Policy Number: _____

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EMERGENCY MEDICAL AUTHORIZATION

In the event the need for emergency medical treatment arises and reasonable attempts to contact me or my Emergency Contact listed above have been unsuccessful, by my signature below I hereby give my consent for the administration of any emergency medical treatment deemed necessary by Dr. _____, my preferred physician, whose phone number is _____; or in the event the preferred practitioner is not available I give my consent for the administration of emergency medical treatment by an emergency medical team, licensed physician or hospital chosen by the Club.

Facts concerning the child's or my, if adult athlete (18 years of age or older), medical history including allergies, medications, and any physical impairment to which a physician should be alerted are listed in the Medical Information Section above. I represent that the list above is current and accurate and includes all allergies. The undersigned further represents that the above named child or self, if adult athlete, is physically fit and physical impairments that will in any way effect their participation have been brought to the attention of the Track Xplosion Chairman in writing.

Parent/Guardian/Adult Athlete's Signature: _____

Printed Name: _____ Date: _____

PARENTAL CONSENT & ATHLETE RELEASE

To Track Xplosion ("Club"), I represent that I am the parent/legal guardian of the above named minor or an adult athlete (18 years of age or older), and that I have completed all the required registration forms. By my signature below I hereby give my consent for the above named child or self to participate in practices, track meets, travel and other activities sanctioned, sponsored, and/or attended by Track Xplosion. I authorize the Head Coach, Board of Directors or appointed volunteers to sign the standard athlete's release form when entering my child or self in any USA Track & Field or AAU sanctioned event along with any other meet/event in which the club is participating. Should I decide to withdraw my child or self from participation in the club and its activities, I agree to notify the Head Coach in writing that I am withdrawing my child or self. I also grant Track Xplosion permission to use my or my athlete's photograph publically to promote the Club. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Further, in consideration of my child or self being accepted in the club, I hereby indemnify and hold harmless Track Xplosion Track Club, Board of Directors, Head Coach, Volunteer Coaches, Servants, AAU, USA Track & Field and USA Track & Field /NC against any and all rights and claims which I have or which may arise in conjunction with my child's participation or travel to and from practices, track meets, or other activities sanctioned, sponsored and/or attended by Track Xplosion & USA Track & Field.

In consideration for acceptance of my entry into the AAU, USA Track & Field/Youth Athletics Program and all the meets associated with these programs, I intend to be legally bound, do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge all rights and claims for damage which may hereafter accrue to me against USA Track & Field, AAU, owners and operators of facilities used for Youth Athletic activities in which I participate, organizations which sponsor and/or conduct these activities, their agents representatives, successors, and/or assigns for any and all damages which may be sustained or suffered by me in my traveling to, participating in, and returning from Youth Athletics or Masters activities.

Parent/Guardian/Adult Athlete's Signature: _____

Printed Name: _____ Date: _____