



REGISTRATION FORM
2012

www.greenwichtrackclub.com

1st Child Name Age Date of Birth
Male _____ Female _____ Grade _____ School _____

2nd Child Name Age Date of Birth
Male _____ Female _____ Grade _____ School _____

3rd Child Name Age Date of Birth
Male _____ Female _____ Grade _____ School _____

Street Address City State Zip

Home Phone Cell Phone E-Mail

Emergency Contact Phone

Are there any physical limitations, allergies, or physical conditions the coach/staff should be aware of?

If yes, please explain: _____

How did you hear about us? flyer/newspaper/radio/other _____

MEDIA WAIVER

I **do***/I **do not*** give permission for my child(ren)'s image to be used in publicity for the Greenwich Track Club. Publicity includes all forms of media (website; newspaper; tv etc). * circle one.

MEDICAL WAIVER

I, the parent/legal guardian of the above named children, do hereby give approval for their participation in any and all activities of the Greenwich Track Club. On behalf of my children, I assume all risks and hazards incidental to such participation, including transportation to and from activities.

I understand that every sports activity has inherent risk to even healthy participants, and I assume liability for any and all undetected physical conditions that may place my children/wards at risk as participants. I further certify my children/wards to be in good physical condition with no known medical conditions that would preclude vigorous physical activity or put my children at risk of harm, and hereby consent to their participation. Accordingly, and to the extent permitted by law, I release the Greenwich Track Club and any of its coaches from any and all liability arising from my children's participation in the Greenwich Track Club.

Signature of Parent/Legal Guardian Date