



# Fast Bees Track



## Registration and Medical Form

**Participants** (you may use one form per household, if all listed participants reside in the same household):

Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_  
 Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_  
 Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_  
 Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_

**Email address:** (please write *very clearly* - we use this to send communication throughout the season)

\_\_\_\_\_  
**Parent / Legal Guardian Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Secondary Emergency Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

We cannot function without volunteers! If you are interested in volunteering and can commit your time to our organization for each week in the season, please complete this section. We will take volunteers based on need to fill our positions. If we have filled your request, we will keep your name in case we need a substitute to fill in!!

Name of PARENT volunteer: \_\_\_\_\_ Email: \_\_\_\_\_  
 Group leader for: PreK: \_\_\_ Kinder: \_\_\_ 1st: \_\_\_ 2nd: \_\_\_ 3rd: \_\_\_ 4th: \_\_\_  
 Equipment Assistant: Track Setup/Take Down (needs to arrive by 3pm): \_\_\_\_\_  
 Cross Country Track Setup (needs to arrive by 3pm): \_\_\_\_\_

**Physical fitness and medical clearance:** I, the undersigned, hereby attest and verify that each of the above-listed participants are physically and medically fit, authorized and cleared to participate in all of the program activities. Please note that if your child requires any specialized medication, medical treatment or monitoring, then a parent or guardian must accompany the child during all program activities, and shall be the only individual responsible for any such specialized medication, medical treatment or monitoring.

**Authorization:** I, the undersigned, hereby authorize the above-listed participants to engage in all prescribed program activities. In the event that I and the Secondary Emergency Contact listed above can not be reached in an emergency, I authorize the transportation of the above participant(s) via ambulance to a physician and/or hospital, and authorize such physician and/or hospital to hospitalize and to provide proper and appropriate medical care and treatment to such participant(s), including, where necessary, injections, anesthesia and/or surgery. I further authorize the use for legitimate purposes of any photographs and/or video taken of the above participant(s) while participating in program activities, including use in media such as newspapers, brochures and other forms of publicity.

**RELEASE AND WAIVER:** In consideration of participation being authorized in this program and its events by the Fast Bees track club, and to the greatest extent authorized by law, I, the undersigned, intending to legally bind myself, the above-listed participants, and my and their heirs, executors and administrators (collectively hereinafter "I"), hereby knowingly and voluntarily waive and release any and all rights and claims of any kind or nature whatsoever that I may have against the Fast Bees track club, including but not limited to any of its members, participants, coaches, directors and other affiliated persons, USA Track and Field, the owner and/or operator of any facility that hosts any program activities, and all other program sponsors and representatives, including, without limitation, any and all rights and/or claims of any nature whatsoever alleged to arise out of injury, illness, or property loss suffered by the undersigned and/or any of the above-listed participants which might arise by, through, or by virtue of participation in any program activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

### OFFICE USE ONLY

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

Rec'd by: \_\_\_\_\_