



Elliot Lake Track Club

Youth Development Programs

Dates: Wed. May 4th – Mon. June 27th, 2016

Cost: \$65 (Cash or Cheque)

ATHLETE INFORMATION

LAST NAME:		FIRST:		GENDER M F		BIRTH: DD/MM/YYYY	
PROGRAM (SELECT ONE)		<input type="checkbox"/> INTRODUCTORY PROGRAM, AGES 8 TO 10 (BORN 2008, 2007, 2006) <input type="checkbox"/> INTERMEDIATE PROGRAM, AGES 11 TO 14 (BORN 2005, 2004, 2003, 2002)					
CONTACT INFORMATION							
PRIMARY EMAIL ADDRESS:							
PARENT #1 LAST NAME ('V' if same)				FIRST:			
PARENT #2 LAST NAME ('V' if same)				FIRST:			
ADDRESS:				CITY:			
PROV.	POSTAL CODE:		HOME PHONE: (705)				
Cell: (705)			T-SHIRT: SIZE (PLEASE CIRCLE) YOUTH : SMALL MEDIUM LARGE LADIES : SMALL MEDIUM LARGE ADULT: SMALL MEDIUM LARGE XL				
HEALTH INFORMATION							
EMERGENCY CONTACT NAME:				PHONE: (705) OR			
MEDICAL CONDITIONS:				MEDICATIONS:			
ALLERGIES:				OTHER:			

WAIVER, CONSENT, PHOTO PERMISSION AND AUTHORIZATION

In consideration of the Elliot Lake Track Club (the "Club") accepting my child's application as a participant in the above said program, I agree that my child will abide by the rules and regulations, policies and procedures of the Club in respect to the said program. I am aware of the possibility of health and safety risks associated with my child's participation in the activities and I freely accept all risks associated with his/her participation. I assume all risks incidental to such participation, and do waive, release, absolve, indemnify and agree to hold harmless, other than for willful default or negligence on their part, the Club, its officers, directors, employees or agents. I will notify the Club of my child's special medical condition or health history, if any. If the emergency contact person identified in this form cannot be reached and my child has an injury, accident or falls ill, I hereby authorize the Club to provide my child with or make arrangements for emergency medical treatment.

I, the undersigned, grant to Elliot Lake Track Club (division of Track North Athletic Club) and its Youth Development program, permission to use images and videos of me taken during practices and meets in the 2015 season on the club's website, Facebook page, Twitter account, email list and printed brochures. I also give consent for the use of my name and/or picture/and or video in local television, newspaper, sports magazine or sports websites.

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY

Membership fees Paid \$

CASH

CHEQUE

Date:

Initials:

Receipts will be issued following registration.

Catch me if you can!