



AGE GROUPS: Sub-Bantam 2011 -June 1<sup>st</sup> 2014, BANTAM 2009-10, Midget 2007-08: \$30.00  
Youth 2005-06, Intermediate 2003-2004, Young Men/Women 2001-2002:\$40.00

Division \_\_\_\_\_

### Marion Swamp Fox Track & Field Club Registration & Liability Waiver

Name \_\_\_\_\_ Address: \_\_\_\_\_

Last First MI Street City Zip

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M or F

Contact Phone # (where you can be reached during practice): \_\_\_\_\_

List any medical conditions that staff should be aware of \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy# \_\_\_\_\_ Family Doctor \_\_\_\_\_

I/WE, parents of the above named youth, hereby give my/our approval for the above named youth to participate in all activities during the current season. I/WE assume all risks and hazards incidental to such participation, and I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the local club and any of its affiliates (sponsors, national franchises, supervisors) for any claim arising out of an injury to the above named youth.

In the event of an emergency requiring medical attention, I/We hereby grant permission to a physician or other hospital personnel designated by the coaching staff to attend my child.

I expect every effort will be made to contact me in order to receive my specific authorization before any treatment to hospitalization is undertaken.

I/WE will furnish a certified birth certificate of the above candidate upon request.

I do understand that running and track field events are events which carry with them the potential for physical injury and do hereby assume the risk of my child participating in these events and do further release and forever waive any and all liability to the Marion Swamp Fox Track Club and its Directors or Volunteers for injury which may occur to my child. My child is physically fit and able to participate in this program and suffers from no physical disability, which would prevent his/her participation.

Signature of Parent or Guardian \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

*Please note: Marion Swamp Fox does not furnish accident insurance for participants*

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### T-Shirt Order Form # of \_\_\_ T-Shirt(s) \$10.00 #of \_\_\_ Tank Top(s)- \$10.00

Youth S \_\_\_\_\_ Adult S \_\_\_\_\_ Adult XL \_\_\_\_\_ Total # of Shirts = \_\_\_\_\_

Youth M \_\_\_\_\_ Adult M \_\_\_\_\_ Adult XXL \_\_\_\_\_

Youth L \_\_\_\_\_ Adult L \_\_\_\_\_ (please indicate how many) Total \$ = \_\_\_\_\_

T-Shirt(s) Paid? Y N WITH REGISTRATION FEE

T-Shirt(s) - pick up ordered

Additional Notes: \_\_\_\_\_

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Paid: Y N Cash or Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Number of Shirts paid with registration fee: \_\_\_\_\_