



PANTHER TRACK CLUB REGISTRATION FORM



www.panthertrackclub.com

PLEASE PRINT/TYPE

Participating Athlete(s):

_____ ATHLETE'S NAME	_____ Sex(M/F)	_____/_____/_____ Date of Birth	_____ Age on 12/31/17*
_____ ATHLETE'S NAME	_____ Sex(M/F)	_____/_____/_____ Date of Birth	_____ Age on 12/31/17*
_____ ATHLETE'S NAME	_____ Sex(M/F)	_____/_____/_____ Date of Birth	_____ Age on 12/31/17*
_____ ATHLETE'S NAME	_____ Sex(M/F)	_____/_____/_____ Date of Birth	_____ Age on 12/31/17*
_____ ATHLETE'S NAME	_____ Sex(M/F)	_____/_____/_____ Date of Birth	_____ Age on 12/31/17*

***Important Note:** The age your child will be on 12/31/17 is the age group he/she will compete in this season.

Parent(s)/Guardian(s) Information:

Contact Number: _____

Name/Relationship: _____

Contact Number: _____

Name/Relationship: _____

Email: _____
(This is for Panther notifications only.)

Registration Fee(s): \$70.00 Each Athlete

Total Payment Enclosed: _____

Coaching: If you are interested in coaching a little or a lot, please see Coach Dan.

Consent for Medical Treatment & Release:

In consideration of being permitted to participate in this activity offered by the Panther Track Club, I do hereby, for myself, my dependents and administrators, waive and release any and all claims I may have against the Panther Track Club, its various sponsoring agencies, and paid and non-paid volunteers. I understand that although a physician's examination is not required for registration, it is highly advisable that participants consult with a physician before participation in athletic and strenuous activities. As the parent or legal guardian of the above named athlete(s), I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Consent for Photo Release:

As the parent or legal guardian of the above named athlete(s), I hereby give permission for the Panther Track Club to take and use photos of my child for the purpose of fliers, web site pages, newspapers and other publicly displayed areas. My child's name CAN _____ CANNOT _____ be used in conjunction with his or her picture unless other permission is granted.

I have read the consent for MEDICAL TREATMENT & RELEASE and PHOTO RELEASE and understand its content. I grant permission for my child/children to participate in the Panther Track Program.

Signature of parent/guardian: _____

Date: ____/____/____

Please Print Name: _____