

TEAM CHARLOTTE PREMIER TRACK REGISTRATION

Athlete's Name: _____ Parent Name(s): _____
Address: _____ City: _____ St: _____ Zip: _____
Phone (H) _____ (W) _____ (C) _____
Does your cell phone receive/send texts: [] yes [] no
Parent1 _____ Parent2 _____
Email _____
Guardian: _____ Emergency Contact: _____

School Attending/Grade: _____ Physical Limitations: _____

Athletes Age (& Division) As Of Dec 31st (check one): 4-6[] 7-8[] 9-10[] 11-12[] 13-14[] 15-16[] 16-18[]

UNIFORM SIZE: Adult or Youth, (Circle one) S M L XL XXL T-SHIRT SIZE: Adult or Youth, (Circle one) S M L XL XXL

THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR CHILD'S REGISTRATION FORM:

Registration Fees, Copy of Birth Certificate, Waiver and Release of Clams Signed and a complete an on-line registration profile created at www.teamcharlottesports.org.

PARTICIPATION FEE: \$150 without Uniform \$200 with Uniform (Non Refundable)

Date \$100 Deposit Paid _____ Date Balance Paid in Full: _____ Receipt# _____

WAIVER and RELEASE CLAIMS:

Please read this form carefully and be aware that registration in the above program, you will be waiving and releasing all claims for injuries the participant might sustain.

- I recognize and acknowledge that when participating in events and activities that there are certain risks of physical injury to participants.
I assume full responsibility of the injuries and/or loss regardless of its severity while participating in these activities or being transported to and from such events.
I hereby give permission for my child's image to be used in printed publications, web pages and video recordings, for the Team Charlotte Elite and Team Charlotte Premier Track Club.
I waive and relinquish all claims that my insurer or I may have against the Team Charlotte Elite and Team Charlotte Premier Track Club, its officers, affiliates, coaches, sponsors and volunteers from any and all claims from injuries, damages or loss, or liability of any kind.
I hereby give my full permission, BY MY SIGNATURE BELOW, for my child to engage in Team Charlotte Elite Activities.

Parent/Guardian(s) Signature: _____ Date: _____

I understand that I must turn in a copy of my child's BIRTH CERTIFICATE along with the other forms before Registration is considered complete and that my child will not be assigned to the team or eligible to participate in meets until all forms are on file.

[] I will email them to teamcharlottepremier@gmail.com [] I will hand deliver the forms to administration

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