



Development (\$100) Competitive (\$180)



Capital City Bearcats Track Club

2018 Season

Player Information (Please Print Clearly)

Male Female

Legal Name (Last, First MI) must match birth certificate

Date of Birth(MM/DD/YYYY)

Capital City Bearcats
Host Organization

Address / City / Zip Code

School Name/City

Guardian

Cell Phone (Important)

Home Phone

Work Phone

Phone Number to receive text messages

Email Address

Physical Examination Waiver

I, the Guardian of this child, believe to the best of my knowledge that he/she can withstand the rigors of a Track Season. I, the Guardian, believe there is nothing physically or mentally wrong with my child. I, the Guardian, hereby give my approval for my child to participate in the upcoming season **without** a physical examination.

Guardian Signature:

Medical Conditions

Does your athlete have any medical conditions we should be aware of (asthma, food allergies, etc...): Yes No

If yes, what: _____

Does your athlete currently take any medications: Yes No

If yes, what: _____

Guardian Signature:

Insurance Yes Child is covered by Legal Guardian's Medical Insurance No – Child is not covered by Legal Guardian's Medical Insurance.

I, the Guardian of this child, understand that as a league and any of its Organizations or branches do **NOT** provide Health/Injury Insurance.

Guardian Signature:

Guardian Understanding

Conduct: I understand that We are expected as Guardians to conduct ourselves in a civil manner at all CCB events. **I understand that the consumption of alcohol and tobacco products is strictly prohibited at all games and events.**

Parental Medical Treatment Authorization: In the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Waiver

I, the Guardian of the above-named child, hereby give my approval to his/her participation in any and all Track activities during the current season. I understand that Track, like other sports, can be a dangerous sport and may result in serious injury, permanent disability or even death. In consideration of my child being allowed to participate I assume all risks and hazards incidental to such participation known and unknown including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the Capital City Bearcats, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of negligence or injury to my child to the fullest extent permitted by law.

REFUND POLICY: No refunds on or after June 7th, 2018 :
A \$30 charge for all returned checks

Please Initial

I have read and understand everything on this form.

Guardian Signature

Relation

Date (MM/DD/YYYY)