

REGISTRATION FORM

CAPITAL CITY BEARCATS TRACK CLUB

Please Print

PARENT PERMISSION FORM

PLEASE PRINT:

I, _____, hereby give permission for my child,

_____ to participate with the

Capital City Bearcats Track Club spring /summer Track Program. I further release the coaching staff and the Capital City Bearcats Track Club from any responsibility for bodily injury my child may receive while participating in the program. I understand that I am responsible for any medical fees accrued by my child as a result of medical attention. I also grant permission to the Capital City Bearcats Track Club's president or his/her designee to complete all membership forms and registration materials required by the USA Track and Field Association and Amateur Athletic Union for participation in local and national meets.

Signature of Parent or Guardian: _____

Today's Date: _____

REGISTRATION FORM

CAPITAL CITY BEARCATS TRACK CLUB

Please Print

MEDICAL RELEASE FORM

PLEASE PRINT:

Applicant's Name: _____

Franchise: Capital City Bearcats

State of Texas County of: Travis County

Known all men by these presents that a request has been made to the CAPITAL CITY BEARCATS TRACK CLUB, it's agents, and/or it's designees (1) to provide youth activities for the youth (whether one or more) of the undersigned parents or guardian; (2) to transport by automobile and/or vehicle said youth to various locations; and (3) to seek and obtain medical assistance on behalf of the youth in the event coach and staff, and/or it's designees determine the need of same. In consideration of the granting of such requests, I, the undersigned, as legal parents or guardian of the above listed youth do hereby release and forever discharge any and all claims, demands, liability, legal action or cause of action on account of mishap to the above listed youth which may occur as a result of furnishing youth activities, transportation and/or seeking medical assistance on behalf of said youth.

In case of an emergency, please try to contact my family doctor first at:

Doctor's Name

Doctor's Phone Number

If he/she is not available, the doctor on call at any hospital has my permission to treat my child. In case of an emergency I can be reached at:

Home Phone Number

Work Phone Number

Parent/Guardian Signature

Date

REGISTRATION FORM

CAPITAL CITY BEARCATS TRACK CLUB

Please Print

INTERNET RELEASE FORM
FOR PUBLISHING ATHLETES PICTURES ON THE CAPITAL CITY BEARCATS WEBSITE

CAPITAL CITY BEARCATS is proud to feature our athletes for the community to enjoy. With your permission, we would like to be able to publish your child's first name, last name, participating event, and photograph on our website.

Please indicate your preference by checking the appropriate spaces below:

I understand that the purpose of sharing this information electronically is to inform the community of the progress of the athletes.

I give my permission for the following information to be displayed on the CAPITAL CITY BEARCATS website.

My child's first and last name

My child's photograph

My child's individual or team events

My child's profile

My child's school

Signature of parent or Guardian _____

(Please Print the Information Below)

Child's Name _____

Childs School _____ Grade _____

Parent/Guardian _____