

NORTH GWINNETT YOUTH TRACK CLUB ATHLETIC PARTICIPATION FORM

CONTACT INFORMATION

Athlete Name : _____ **Grade Level:** _____

Home Address: _____ **City:** _____

Name of Parent/Guardian(s): _____

Parent/Guardian Phone Number:

(Home): (____) _____ - _____ **(Cell):** (____) _____ - _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ **Relationship:** _____

(Home) (____) _____ - _____ **(Cell)** (____) _____ - _____

TRANSPORTATION LIABILITY RELEASE

North Gwinnett Youth Track Club will not be able to provide transportation for athletes to club activities. It is the responsibility of the athlete's parents/guardians to secure their athlete's transportation to such activities. North Gwinnett Youth Track Club, the local schools, officers, coaches or agents shall not be responsible for any injury or loss arising out of an athlete's transportation to or from associated club activities.

ACKNOWLEDGEMENT & CONSENT

Cross Country & Track are voluntary, extra-curricular activities. By participating in Cross Country/Track, the parents, guardians, & athletes agree to all applicable team rules, policies, & procedures. I give my consent to all photographs, audio recordings, and/or video recordings taken of me or my minor child by North Gwinnett Youth Track Club or their designee. I understand that any such photographs, audio recordings, and/or video recordings become the property of North Gwinnett Youth Track Club and may be used by the club, school, or others with their consent, for educational, instructional or promotional purposes in broadcast and electronic media formats now existing or in the future created.

LIABILITY WAIVER

I understand that youth sports, particularly distance running, may have an element of risk and, as parent/legal guardian of the athlete/participant listed here, take full responsibility for his/her actions and physical condition. I release and agree to indemnify and hold harmless the North Gwinnett Youth Track Team, its coaches, and parent volunteers from all claims or liability for damages or injuries to the athlete/participant, or any third parties, incurred with any connection to any North Gwinnett Youth Track Team event or activity.

PERMISSION TO TREAT

I give my permission for the coaches, certified trainers and/or their designees to administer treatment for illness, injury, or rehabilitation for the athlete.

PLEASE SIGN HERE:

THIS SIGNATURE CONSENTS TO TRANSPORTATION LIABILITY, ACKNOWLEDGEMENT & CONSENT, MEDIA RELEASE, LIABILITY RELEASE, & PERMISSION TO TREAT. THIS SIGNATURE ALSO REPRESENTS THAT ALL INFORMATION PROVIDED TO THE NORTH GWINNETT YOUTH TEAM IS ACCURATE AND COMPLETE.

SIGNATURE OF ATHLETE

DATE

SIGNATURE OF PARENT/GUARDIAN