

Carrollton Cross Country Team

Waiver/Registration Form

Waiver: I, the undersigned, assume all risks and hazards incidental to participation, including transportation to and from these activities and do hereby, for myself, my child, my heirs, executors and administrator, waive, release, absolve, indemnify and agree to hold harmless the Carrollton Summer Track Team, City of Carrollton, Carrollton City Schools, Carrollton Parks, Recreation and Cultural Arts Department and its representatives, sponsors, affiliated association, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will abide by all the rules and policies of the USA Track & Field Carrollton Track/Cross Country Team and the Carrollton Parks, Recreation, & Cultural Arts Department.

Participant Name _____ Age _____ Male _____ Female _____

Date of Birth _____ USATF Membership # _____

Parent(s)/Guardian(s) Names _____

Address _____ City _____ State _____ Zip _____

Mother's Work Phone _____ Mother's Home Phone _____

Father's Work Phone _____ Father's Home Phone _____

Mother's E-Mail _____ Father's E-Mail _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact Name _____ Emergency Contact Phone _____

Physician Name _____ Physician Phone _____

Insurance Company _____ Policy # _____ Phone _____

Please note below any medical conditions that might affect participation. _____

By signing below you agree to allow Coach Larry Turner, Coach Bradley McLester, Belinda Turner, or their designee to seek medical assistance for your athlete as they deem necessary. Every attempt to reach a parent will be made before transporting athlete to a medical facility. You agree to allow your athlete to ride in team approved transportation. You agree to allow Coach Larry Turner and/or Belinda Turner to register your athlete for a USATF Membership and enter athlete in scheduled meets.

Signature (Participant/Parent/Guardian) _____ Date _____

FIVE WAYS TO REGISTER (1) On Line Web at www.cprcad.org; (2) On Line Phone 770-836-3301; (3) Fax 770-834-3652; please use Visa, MC or Check Debit Card. If registration form and/or birth certificate is not on file, one must be faxed at time of phone call/fax; (4) Mail, send to CPRCAD, P. O. Box 532, Carrollton, GA 30112; (5) Visit the Administrative Office at 118 South White Street, Carrollton between the hours of 8:30am-5pm, Monday-Friday.