



Creekview Youth Track Club



Full Legal Name: _____ Male ___ Female ___ Date of Birth _____

Address: _____ City: _____ Zip Code: _____

School: _____ Feeder High School: _____

Returning Athlete (2011 season): \$60 (no uniform) _____ \$85 (uniform) _____

New Athletes: \$100 (uniform) _____

Uniform Size: Top: YS YM YL S M L XL Bottom: YS YM YL S M L XL

	Name	Phone (best number, usually cell)	Email
Mom			
Dad			

Release and Conduct

Please read this carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain out of this program.

- I have read the code of conduct and agree with the Creekview Youth Track Code of Conduct, located on the website. I recognize that participation is a privilege, and breaching the code of conduct can be cause for removal from the team, without any refund.
- I give my permission to CYT to furnish my picture for future use, as appearing in club brochures, local newspaper, website, etc.
- I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damage or loss which I may sustain as a result of participating in any and all activities with or associated with this program.
- I agree to waive and relinquish all claims I may have as a result of participating in this program against the Creekview Youth Track, its officers or volunteers.
- I do hereby release and discharge the Creekview Youth Track, its officers and volunteers from any and all claims from injuries, damage or loss which may accrue to me on account of my participation in this program.
- I further agree to indemnify and hold harmless and defend the Creekview Youth Track and its officers and it volunteers from any and all claims resulting from injuries, damages, and losses sustained by me and arising out of, connected with or in any way associated with the activities of the program.
- I agree to subscribe to the Creekview Youth Track Yahoo Group, and take full responsibility to ensure that I am receiving notifications from the group.
- Refunds prior to Mar 2nd, 2012 will be assessed a \$25 fee. No refunds after that date.
- Returned checks will be assessed a \$25 fee.
- **While participating at practice or in meets, the parent, guardian or other adult authorized by the parent or guardian will be present in the event medical treatment becomes necessary.**

I have read and fully understand the above program details and waiver and release of all claims.

Athlete (if over 12) – Date

Parent – Date

Please Provide the following:	
Copy of Birth Certificate	<input type="checkbox"/> New Athletes only
Copy Insurance Card	<input type="checkbox"/> ALL Athletes