



## 2012 REGISTRATION CHECKLIST

### PLEASE PRINT

PARTICIPANT NAME: \_\_\_\_\_

**Please check of the following items as completed. Return the registration forms and checklist to D.C. Express Track Club, Inc.**

The following forms are needed in order to complete your registration:

\_\_\_\_\_ Registration Form (**please complete all information**)

\_\_\_\_\_ Consent & Release Form (**signed by parent & participant**)

\_\_\_\_\_ Authorization for Medical Treatment Form (**signed by parent**)

\_\_\_\_\_ Registration Fee Included: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ Physical Examination Form

\_\_\_\_\_ Birth Certificate (**new participants only – two copies**) \* *No originals please!*  
(Birth certificate must be presented before participation in practice and/or competition)

\_\_\_\_\_ Acknowledgement Form

\_\_\_\_\_ **Outdoor Season Registration**

*I have read and fully understand all of the information that has been presented to me.*

**Parent/Legal Guardian Signature:** \_\_\_\_\_

Revised: 01-11-2012



## 2012 OUTDOOR REGISTRATION FORM

**PLEASE PRINT**

DATE: \_\_\_\_\_

ATHLETE NAME: \_\_\_\_\_  
Last First Initial

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_ AGE: \_\_\_\_\_

MOTHER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_

EMERG. CONTACT1 \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERG. CONTACT2 \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTHCARE PROV: \_\_\_\_\_ PHONE: \_\_\_\_\_

T-SHIRT SIZE: YL: \_\_\_\_\_ S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

WINDSUIT SIZE: YL: \_\_\_\_\_ S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

USATF NUMBER: \_\_\_\_\_ PHYSICAL DATE: \_\_\_\_\_

Revised: 01-11-2012

P.O. BOX 360435 \* DECATUR, GEORGIA 30036-0435



**2012 PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM**

**PLEASE PRINT**

I am the parent/legal guardian of \_\_\_\_\_.

By my signature I hereby give my consent for the above named child to participate in practices, track meets, road races, travel and other activities sanctioned, sponsored, and/or attended by the Dekalb County Express Track Club, Inc., (DCE). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, USA Track & Field (USATF) documents when entering my child in any USATF sanctioned events.

Should I (or my child) decide to withdraw from participation with DCE and its activities, I agree to notify DCE in writing, that I am withdrawing the above named child and that all REGISTRATION FEES PAID ARE NON-REFUNDABLE.

In addition, as the parent or legal guardian of the above named minor child, I hereby authorize DCE to use a photo or video image of said minor child, in written materials, and/or newsletter publications, media, video, and electronic publications. I hereby agree to hold DCE harmless from any results or consequences this use of photographs or video image may have, either foreseen or unforeseen. I understand that I will not be paid, compensated or entitled to any benefit as a result of the use of said minor child's photograph or video image.

Further, in consideration of my child being accepted in DCE, I hereby indemnify and hold harmless Dekalb County Express Track Club, Inc., Board of Directors, DCE Head Coach, DCE Coaches, DCE Staff, and DCE assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with my participation or travel to and from practices, track meets, road races or other activities sanctioned, sponsored and/or attended by DCE, and USATF.

The signee below represents that the above named child's Medical History including allergies, medications being taken and physical impairments that will in any way effect the child's participation have been brought to the attention of D. C. Express Track Club in writing on an official D.C. Express Track Club, Inc., Physical Examination Form.

I understand my child will not be covered by insurance provided by D. C. Express Track Club, Inc., and that I either have my own major Medical Insurance Policy or, if not; I will cover the expenses of any injury.

By my signature I represent that by signing, I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exist between the child and myself. By my signature, also, I have read and agree to all RULES and GUIDELINES in the Program Information Booklet of DCE.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
REPRESENTATIVE HAVING WITNESSED SIGNATURE

Revised: 01-11-2012



**2012 PARENT/LEGAL GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT**

I (parent/legal guardian) \_\_\_\_\_ grant to the Coaches, Assistants, or Assigned Chaperones of D. C. Express Track Club, Inc. (DCE) the authorization to act as Spokesperson in granting permission if any emergency medical procedures or treatment/hospitalization (including Anesthesia), are required for (child) \_\_\_\_\_.

I understand that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, I consent to the Coaches, Assistants, or Assigned Chaperone(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

I release and waive, and further agree to indemnify, hold harmless or reimburse the Dekalb County Express Track Club, Inc., Board of Directors, DCE Head Coach, DCE Coaches, DCE Staff, and DCE assigned Chaperones, from and against, any claim which I, any other parent or guardian, any sibling, the athlete, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the athlete's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
REPRESENTATIVE HAVING WITNESSED SIGNATURE

Revised: 01-11-2012



## 2012 ACKNOWLEDGEMENT FORM

I have received and read the D.C. Express Track Club Program Information Booklet. I understand the rules and guidelines contained therein and will comply with them.

I am also acknowledging the following:

- That my child has sufficient medical insurance coverage.
  
- That I must raise at least \$100 through a club-mandatory fundraiser. If I do not participate or does not make the minimum, I am required to either pay the \$100 or the difference at the completion of the fundraiser.
  
- **Registration fees or non-refundable.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Representative Having Witnessed Signatures

Revised: 01-11-2012

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