

# CHARLOTTE PANTHERS TRACK & FIELD CLUB REGISTRATION APPLICATION

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Current Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Main Contact E-Mail Address: \_\_\_\_\_

## Parent (Guardian) Information

Guardian 1# \_\_\_\_\_ Guardian 2# \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Home# \_\_\_\_\_

Cell or Work# \_\_\_\_\_ Cell or Work# \_\_\_\_\_

Medical Information/Waiver: To whom it may concern: I, the parent/guardian Of \_\_\_\_\_ Hereby authorize a club representative of Charlotte Panthers Track & Field Club to seek and sign for medical treatment for my child, a member of said club, in an emergency situation. I also authorize that the same representative, be allowed to sign for medical treatment in nonemergency situations when my child is traveling with the club or when I am unable to be reached by phone. I also agree for myself, my heirs and personal representatives to waive and release all claims for damages I may now hereafter have arising out of the above named person's participation in any activities of Charlotte Panthers Track & Field Club. I further state that to my knowledge, applicant has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level.

Insurance & Policy #: \_\_\_\_\_

List any allergies (medication, food, etc.) \_\_\_\_\_

Athlete Photographs/Images: By signing below I understand and agree that Charlotte Panthers Track & Field Club has my permission to take and use my child's photographs or digital images for official Club purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

REGISTRATION FEES: **(THIS FEE IS NON-REFUNDABLE)** \$185.00 (uniform included) 6-Under \$110.00 (uniform included) (15% Discount Multiple Athletes)

Fee Includes: (Club Membership, Team Uniform, Team T-Shirt, (AAU) Membership-Insurance, Banquet Fee & More)

(For Office Use, Do Not Write Below This Section )

Registration Fee \$ \_\_\_\_\_ Physical Form \_\_\_\_\_ Release of Liability Agreement \_\_\_\_\_

Copy of Birth Certificate \_\_\_\_\_ Uniform Sizes Top \_\_\_\_\_ Bottom \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

E-Mail: [charlottepantherstc@yahoo.com](mailto:charlottepantherstc@yahoo.com)

Website: [www.charlottepantherstrackclub.com](http://www.charlottepantherstrackclub.com)

Coach Reggie (704) 900-4372

# CHARLOTTE PANTHERS TRACK & FIELD CLUB REGISTRATION APPLICATION

## Release of Liability Agreement

I/ we agree to indemnify, save and hold the CHARLOTTE PANTHERS TRACK&FIELD CLUB, LLC It's officers, agents, representatives, coaches and employees from and against all rights, actions ,causes, claims of liabilities, costs of expenses of any kind as well as attorney's fees on appeal, of whatsoever kind or nature to which the organization may be subjected as a result of my participation in the activity for which I am registering. I further agree that this release shall apply in the event that (I/ my child) is disabled, injured, or incur disease of a temporary or permanent nature while participating in this activity.

I/ we further agree to return any and all property issued to me upon (request), expiration of this activity Or whenever I have ceased to be a member of said activity, or in the event the equipment is lost, stolen or damaged to reimburse the CHARLOTTE PANTHERS TRACK & FIELD CLUB, LLC for said property.

I/ we certify that I have fully read and understand the contents of this form and that I fully agree to all terms and conditions. This contract shall not become effective until signed by the participant, parent (in case of minor) and agent of the organization and accepted by the Charlotte Panthers Track & Field Club, LLC.

ATHLETES SIGNATURE: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

ATHLETES SIGNATURE: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

ATHLETES SIGNATURE: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Name of Insurance Company and Policy Number, in case of medical emergency or injury.

\_\_\_\_\_  
\_\_\_\_\_