**Greater Williamsburg Distance Running Club Registration Form 2018**

 **Make checks payable to: GWDRC**

**USATF FEE: $20.00 USATF**

**SPRING SESSION: $60.00**

**Team T-shirt: Free**

**Every athlete must also become a member of USATF. Please follow directions below.**

**Sign up instructions for USATF:**

**1) Go to www.usatf.org**

 **2) Click on Products and Services and in the drop down menu select individual memberships.**

**3) Click on Individual Memberships and become a member of Youth USATF.**

 **4)Make sure you choose the Greater Williamsburg Distance Running Club for your local association membership.**

**Our Association/ ID is Number 12 and our Organizational / Club Number is: 12-8027. Make sure you choose those when you sign up at USATF**

Athletes cannot participate at practices if they are not members of USATF.

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_M \_\_\_\_\_ F

County of Residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Age as of 12/31/15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (Home ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **T-shirt Size**\_\_\_\_\_\_\_\_\_\_\_

Please write email addresses clearly Current School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Info: Parent/Guardian names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special health concerns, medical history (ex. Diabetes, Asthma) and allergies (to medications, food, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

 List any prescription medications your child is currently taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization for Treatment In the event of an illness or injury to my son/daughter in my absence, the Greater Williamsburg Distance Running Club coaches will secure treatment if needed. I authorize the emergency health care center attending to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to diagnose and administer treatment as deemed necessary. Guardian/Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_ Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on policy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Waiver I know that running club track meets/practices are potentially hazardous activities. I assume all associated risks including but not limited to falls, contact with other participants, weather effects including high heat and humidity. Having read this waiver and knowing these facts, I/we release, absolve, indemnify and hold harmless the Greater Williamsburg Distance Running Club (Youth), organizers and sponsors in case of injury to my child. I/we waive all claims against the above mentioned persons or organizations which includes Greater Williamsburg Distance Running Club (Youth), the County of James City, the Williamsburg James City Recreation and the Williamsburg James City County Schools. I further certify that my child has permission to participate in the Greater Williamsburg Distance Running Club (Youth) program. I certify that I know of no physical or emotional condition or impairment that would prevent participation in the program. Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of application \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Publicity Waiver I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (check one) GIVE\_\_\_\_\_\_ DO NOT GIVE \_\_\_\_\_\_ Greater Williamsburg Distance Running Club permission to photograph my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while attending meets and practices. I further grant Greater Williamsburg Distance Running Club permission to use my child’s photograph for purposes, including but not limited to promotions, presentations, and advertising purposes. YES\_\_\_\_\_ NO \_\_\_\_\_ Parent/Guardian

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_**\_\_