

REVELATION PEAK PERFORMANCE TRACK CLUB

“CITIUS, ALTIUS, FORTIUS”



FALL - SUMMER REGISTRATION FORM

Athlete's First Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____ (Provide Copy of Birth Certificate) Gender: ___ Male ___ Female

School: _____ Grade: _____

Allergies: _____

Mother/Guardian

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City, State, Zip: _____

Contact: (H) _____ (W) _____ (C) _____

E-Mail Address: _____

Father/Guardian

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City, State, Zip: _____

Contact: (H) _____ (W) _____ (C) _____

E-Mail Address: _____

Athlete resides with: Mother/ Father / Both (Circle)

Emergency Contact: _____ Relationship: _____ Telephone: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

Registration Fee Payments

Date Rec'd _____ Amount _____ Receipt # _____

Date Rec'd _____ Amount _____ Receipt # _____

Date Rec'd _____ Amount _____ Receipt # _____

**PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM
DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:**

I, the parent or legal guardian of _____, a minor, for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, acknowledge that participation in track & field involves travel, play/practice in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. On behalf of the above named athlete, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

On behalf of the above named athlete, I further acknowledge that the Revelation Peak Performance Track Club, Inc. is primarily administered by volunteers and not paid professionals. On behalf of the above named athlete, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation. **I understand that I risk dismissal from the team without refund for failure to comply with the stated Rules, Regulations and Guidelines of Revelation Peak Performance Track Club, Inc. or for behavior deemed inappropriate or detrimental to the mission of the team.**

In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, I hereby release, discharge, indemnify and agree to hold harmless Revelation Peak Performance Track Club, Inc., its volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by Revelation Peak Performance Track Club, and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs expenses and compensation arising out of or in any way related to any injury or other damages that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Revelation Peak Performance Track Club, Inc. attended event, including any physical or other injury caused by the negligence of any person or entity described above.

ACKNOWLEDGEMENT AND CONSENT: For both internal and external use, I acknowledge that Revelation Peak Performance Track Club, may compile and use photographs and video images of the above named individual, a minor, for use in all club related publications to include but not limited to videos, website and written materials such as Sponsorship Packets or club advertisements. I hereby waive all rights to monetary compensation resulting from the use of images of the above named athlete.

I consent to the use of photo or video images of my child. _____.

Parent signature

I do not consent to the use of photo or video images of my child. _____.

Parent signature

I HAVE READ THE ABOVE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE NAMED ATHLETE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE ATHLETE.

DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE

Medical Authorization Waiver and Insurance Responsibility Acknowledgement Form

I, the (parent/legal guardian) of _____ hereby authorize the Coaches, Assistants, Assigned Chaperones and Representatives of Revelation Peak Performance Track Club, Inc. to seek medical treatment, (to include Anesthesia) for my child, a member of said club, in an emergency situation. I also authorize that the same representatives of Revelation Peak Performance Track Club, Inc. be allowed to sign for medical treatment in non-emergency 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 Revelation Peak Performance Track Club, Inc. I further state that to my knowledge, the above named athlete has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level. At any time a previously unknown condition becomes evident, I agree to immediately inform the staff of Revelation Peak Performance Track Club, Inc. and obtain medical clearance if necessary for continued participation.

I acknowledge that Revelation Peak Performance Track Club, Inc. does not provide individual insurance coverage for club members and agree to provide a current copy of the above named athlete's medical insurance coverage. I further agree to be solely responsible for any expenses incurred as a result of an injury sustained while participating in a club-attended event.

Insurance Company: _____ Policy #: _____

DATE: _____ PARENT/GUARDIAN SIGNATURE _____

DATE: _____ NOTARY SIGNATURE _____

Revelation Peak Performance Track Club, Inc. Physical Evaluation Form

This Physical Evaluation Form expires one calendar year from date of the examination.

Child's Name: _____

First Middle Last

Birth date: _____ Grade: _____ School: _____

Address: _____

Street City Zip Code

In case of an emergency, please contact _____ Telephone: _____

TO BE FILLED OUT BY THE PARENT/GUARDIAN

Please answer the following questions, explain any YES answers

YES	NO	Has the child been hospitalized? _____ _____
YES	NO	Does the child have any chronic illness? _____ _____
YES	NO	Has the child had surgery? _____ _____
YES	NO	Has the child ever passed out during any activity? _____ _____
YES	NO	Has the child ever had a bone or joint disorder, fracture, broken bones? _____ _____
YES	NO	Does your child have allergic reaction to medications? _____ _____
YES	NO	Does the child have any other allergies? _____ _____
YES	NO	Is the child taking medication regularly? _____ _____