Rockford Wildcat's Youth Cross-Country - Sign-up Form

Name: ____

Address:____

City:_______________ **State**:________ **Zip code**:________

Phone ______________________________ Cell Phone___________________________

Parents E-Mail:_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_

Sex (circle one): F M **Age**:______ **Birthday** _____/_____/_____

Medical Information

Emergency Contact_______________________________ Phone _______________

Doctor ____ Phone _______________

Hospital_________________________________

Please list any conditions or allergies that we need to be aware of:____________________________________

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Parent names____

Miscellaneous: Would you like to assist in the practices: **Yes** **No**
Are you a Rockford Road Runner member circle one: **Yes** **No**

Child's School _____________________________

How did you hear about the Wildcats? ____

Wavier:
In consideration of acceptance of my entry, I hereby for myself, my heirs, executors, and my administrators waive, release and forever discharge any and all claims for damages which I may have or which accrue to me against the Rockford Wildcats, the Rockford Road Runners Inc., the Rockford Park District, and the Illinois USA Track & Field, Road Runner Club of America, all cooperating agencies, their representatives, agents, and/or assignees for any and all damages which may be sustained by me in participation of any Rockford Wildcats youth cross country activities.

Participant Name:____

Note: A parent or legal guardian MUST sign the following: I parent, and/or guardian of the above named participant, in consideration of acceptance of this entry, here join and confirm the above waiver and release.

Parent / Guardian:____Date ____/_____/_____

2010