Charger Elite Track and Field

Athlete Registration Information

(Please place a check mark next to each item that has been paid in full.)

Registration Fee: $60 _____

Uniform Fee: $65 _____

Warm Up Fee: $95 _____

****All payments are to be sent via Cash App. Please add your child's name to the memo section each time a payment is sent. Cash App name:***

$Chargerelite (Alfonza)

Athlete info: Last Name: _____ First Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Birth Date: _____-_____-_____ Grade: ____ Name of School: _____

Parent/Guardian Name: _____
Cell Phone: (_____) _____ Text (YES) (NO)
Home/Alternate phone number: _____
Email address: _____

Parent/Guardian Name: _____
Cell Phone: (_____) _____Text (YES) (NO)
Home/Alternate phone number: _____
Email address: _____

EMERGENCY CONTACT INFORMATION:

We/I, the parent(s)/guardian of (print full athlete name) _____, give permission for Emergency medical treatment of our child for illness or accident if at first, we cannot be contacted. If parent(s)/guardian(s) cannot be contacted at the above phone number indicates alternative phone number (e.g., cell phone) or additional contact person and number (e.g., grandparent).
Emergency Contact Name: _____ Relationship to Child: _____
Emergency Phone Number: (____) _____
Do you have health insurance? YES/NO
If yes, please provide health care provider _____ POLICY #_____ Does your child have any health conditions that require medication or special needs: YES/NO?
If "YES", please explain in detail: _____
_____

WE HEREBY AGREE THAT CHARGER ELITE TRACK AND FIELD CLUB, ITS MEMBERS, COACHES, OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF CHARGER ELITE TRACK AND FIELD CLUB, AND WE AGREE TO IDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATED OF ANY KIND FROM ANY CLAIM WHATSOEVER. I ALSO ALLOW THE RELEASE OF TRACK AND FIELD PHOTOS OF MY CHILD FOR WEB SITE, ADVERTISING OR MEDIA PURPOSES.

Parent or Guardian Signature: _____ Date: _____