

**RAIN CITY FLYERS  
2022 TEAM REGISTRATION**

**Athlete's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

School attends: \_\_\_\_\_ Grade: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

E-mail: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

E-mail: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

----- **TEAM FEES** -----

**2022 Team Membership Fee** (Individual \$25; Family \$35) \$ \_\_\_\_\_

**Uniform:** Team running singlet (\$15) \$ \_\_\_\_\_

**TOTAL:** (Make checks payable to **RAIN CITY FLYERS**) \$ \_\_\_\_\_

----- **WAIVER AND RELEASE** -----

We the undersigned understand that participation in track and field and/or cross country running involves strenuous physical activity and an element of risk. We affirm that (insert athlete's name)

\_\_\_\_\_ is physically able to participate. We assume all risks associated with this activity, including but not limited to falls, muscle strains, illness and collisions with other participants, exposure to contagious diseases, including but not limited to Covid-19, as well as the risks of traveling to and from team activities. We waive any claim of liability against and release and discharge Rain City Flyers, its coaches, officials, volunteers and any other persons in any way connected with the team or its programs, and USA Track & Field, from injuries or damage arising from participation.

Parent/Guardian's signature

(Athlete if 18 or older) \_\_\_\_\_ Date: \_\_\_\_\_