

**RAIN CITY FLYERS
2017 REGISTRATION**

Athlete's Name: _____ **Date of Birth:** _____

School attends: _____ Grade: _____ Boy ____ Girl ____

Home Address: _____

Home Telephone: _____

Parent/Guardian Name: _____ **Phone:** _____

E-mail: _____ **Alt. Phone:** _____

2nd Parent/Guardian: _____ **Phone:** _____

E-mail: _____ **Alt. Phone:** _____

Emergency Contact: _____ **Phone:** _____

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

Team membership fee (Individual \$25; Family of 2 or more \$35) \$ _____
(If Cross Country season only, \$15 individual/\$25 family)

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 by not limited to falls, muscle strains, illness and collisions with other participants, 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:** _____