

**RAIN CITY FLYERS
2016 CROSS COUNTRY REGISTRATION**

Athlete's Name: _____ Date of Birth: _____

Address: _____ Boy _____ Girl _____

Home Telephone: _____

E-Mail: _____

School attends: _____ Grade: _____

Parent/Guardian name: _____ Phone: _____

Alternate phone/email contacts _____

2nd Parent/Guardian: _____ Phone: _____

Alternate phone/email contacts _____

Emergency Contact: _____ Phone: _____

TEAM FEES

Team membership fee (Individual \$15.00, Family of 2 or more \$25.00) \$ _____

Uniform: Team running singlet \$ 15.00 \$ _____

MAKE CHECKS PAYABLE TO RAIN CITY FLYERS TOTAL \$ _____

WAIVER AND RELEASE

We the undersigned understand that participation in 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, 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 liability for injuries or damage arising from participation.

Parent's Signature
(Athlete if 18 or older) _____ Date: _____