



Seatown Express Track Club Registration/Profile

The Seatown Express Track Club welcomes you and your athlete to our track program. We hope that your athlete will find the experience rewarding and will develop skills and friendships that he/she will continue to maintain.

As a condition of participation with Seatown Express, you must complete, sign and return all forms to the track club administrator. If you do not want to authorize the representatives of Seatown Express to secure medical treatment for your athlete in the event of an accident and you cannot be contacted, then cross out and initial the medical authorization paragraph; be sure, nonetheless, to complete the "emergency and medical information" section.

Athlete Profile:

Name _____ Parent's Name _____

Age _____ Birthdate _____ Home Ph. _____ Cell Ph. _____

Address _____ City _____ Zip _____

School _____ Year _____

Email: _____

Athlete Goals: Please answer the below

Is it your desire to compete in the sport of Track and Field at the college level? Y N

Please list schools you would like to attend/compete for:

Events

Running Event	Best Time (last season)	Field Event	Best Mark	Multi-Event – (Pen/Hep/Dec)

Uniform Size:

Uniform	XSM	SM	MED	LG	XL	XXL
Singlet						
Shorts (spandex)						
Warm-Up						



MEDICAL

This section to be completed by a Parent or Guardian

This form has 3 sections; (1) an assumption of risk and release; (2) medical authorization; and (3) a participant information section. The first section tells you about risks of injury that may arise from participating in track and field in order to aid you in making an informed decision as to whether or not your athlete should participate in the athletic activity and requires you to assume its risks. The second section gives the **Seatown Express Track Club** representatives authorization to provide medical care in case an accident should happen and you cannot be contacted.

As a parent or guardian, you should ask coaches, physicians and other knowledgeable persons about any concerns that you might have at any time about your athlete's participation or safety. *The decision for your athlete to participate is yours.*

1. ASSUMPTION OF RISKS

Injuries to participants in track and field may occur from risks inherent to the activity; from placing stress on the body that has not been prepared for; from accidents in learning or practicing techniques; from failing to follow training, safety or other team rules; from the use of transportation to and from events; and from administration of first aid. Injury can include direct physical, and possibly crippling, injury to one's body, and emotional injury experienced as a result of inflicting injury to another or witnessing it. The severity of injury can range from minor cut, scrapes or muscle strain to catastrophic injury, such as paralysis or even death.

In consideration of **The Seatown Express Track Club** permitting my athlete to participate in its program, I here by agree on behalf of my athlete that he/she will assume the risk of injury or death from participating as outlined above. I release The **Seatown Express Track Club**, its representatives and/or volunteers from any liability resulting from my athlete's participating in this activity. This assumption of risk and release binds by athlete's heirs, estate, executor or administrator and assigns all members of my family.

I/We have agreed to assume the risks of participation and the release, given the instruction, to authorize immediate medical attention if necessary or I/We cannot be contacted, and completed the emergency and medical information.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Relationship _____

Address _____ City _____ Zip _____

Day Ph _____ Eve Ph _____ Cell _____

Email: _____



2. MEDICAL AUTHORIZATION

In case of an accident or illness, I authorize **The Seatown Express Track Club** to provide medical treatment for my athlete if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that **The Seatown Express Track Club**, its representatives and/or volunteers assume no financial obligations or liability for immediate medical treatment that they provide to or for my athlete.

Parent/Guardian Signature: _____

Printed Name: _____ Relationship _____

3. EMERGENCY/MEDICAL INFORMATION

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Day Ph: _____ Eve Ph: _____ Cell Ph: _____

Alternate Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Day Ph: _____ Eve Ph: _____ Cell Ph: _____

Physician/Medical Information:

Physician Name: _____ Ph: _____

Preferred Hospital: _____ Address: _____

Allergies:

Medications:

Medical Problems:

Insurance Info:
