



**REGISTRATION CHECKLIST**  
**(For Your Use ONLY – Do Not Submit this Page)**

**Please check that the following items are completed**  
**Return the registration forms to Lanier Running Club**

The following forms are needed in order to complete your registration:

\_\_\_\_\_ Registration Form (**please complete all information**)

\_\_\_\_\_ Fee Calculation Form (**please complete and attach payment**)

\_\_\_\_\_ Consent & Release Form (**signed by parent & participant**)

\_\_\_\_\_ Registration Fee Included

\_\_\_\_\_ Birth Certificate (**new participants only**) – **Attach copy, no originals please!**  
(We must submit a copy of Birth Certificate, Driver's License or Passport with your USATF Membership)



## **REGISTRATION FORM**

**PLEASE PRINT**

DATE: \_\_\_\_\_

ATHLETE NAME: \_\_\_\_\_  
Last First Initial

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

MOTHER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_

EMERG. CONTACT 1 \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERG. CONTACT2 \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTHCARE PROV: \_\_\_\_\_ PHONE: \_\_\_\_\_

T-SHIRT SIZE: YL: \_\_\_\_\_ S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

WINDSUITSIZE: YL: \_\_\_\_\_ S: \_\_\_\_\_ M: \_\_\_\_\_ L: \_\_\_\_\_ XL: \_\_\_\_\_ XXL: \_\_\_\_\_

### **FOR OFFICIAL USE ONLY**

USATF NUMBER: \_\_\_\_\_ PHYSICAL DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**P.O. BOX 13, GAINESVILLE, GEORGIA 30501**



## Lanier Running Club 2014 Youth Program Cross Country Fees

	<u>2014 Cross Country Fees</u>
1) Required Memberships ( <u>Unless Already Paid</u> )	
a) Lanier Running Club - Youth Individual Rate (a)	\$10.00
b) USA Track & Field – Youth Individual	\$20.00
2) Lanier Running Club Singlet	\$15.00
3) Program Fees	\$75.00
	<hr/>
<b>Total - Registration Fee</b>	<b>\$120.00</b>

(a) \$30.00 Family Membership Rates also available via LRC Website.

\_\_\_\_\_



**PARTICIPATION AND MEDICAL CONSENT & RELEASE FORM**

**PLEASE PRINT AND CHECK APPLICABLE BOXES --- AND SIGN BELOW**

**(    ) 1) CONSENT & RELEASE:**

I am the parent/legal guardian of \_\_\_\_\_ By my signature I hereby give my consent for the above named child to participate in practices, track meets, cross country meets, road races, travel and other activities sanctioned, sponsored, and/or attended by the Lanier Running Club, Inc., (LRC). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, USA Track & Field (USATF) and AAU (Amateur Athletic Union) documents when entering my child in any USATF sanctioned events. I acknowledge that all REGISTRATION FEES PAID ARE NON-REFUNDABLE.

In addition, as the parent or legal guardian of the above named minor child, I hereby authorize LRC to use photos or video images of said minor child, in written materials, and/or newsletter publications, media, video, and electronic publications. I hereby agree to hold LRC harmless from any results or consequences this use of photographs or video image may have, either foreseen or unforeseen. I understand that I will not be paid, compensated or entitled to any benefit as a result of the use of said minor child's photograph or video image.

Further, in consideration of my child being accepted in LRC, I hereby indemnify and hold harmless Lanier Running Club, Inc., Board of Directors, LRC Head Coach, LRC Coaches, LRC Staff, and LRC assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with participation or travel to and from practices, track meets, road races or other activities sanctioned, sponsored and/or attended by LRC, USATF and AAU.

**(    ) PHYSICAL EXAMINATION FORM AT SCHOOL – RELEASE (In Lieu of New Form)**

The signee below represents that the above named child's Medical History including allergies, medications being taken and physical impairments that will in any way effect the child's participation have been brought to the attention of Lanier Running Club in writing (below) (or on an official Lanier Running Club, Inc., Physical Examination Form) if my student athlete does not have a Medical History and Examination Form on file with his/her school. This is the same form required for participation in school athletics, and will remain effective for one year from the date of the medical examination

The date of the Current Physical was... Enter: (\_\_\_\_\_).

LRC Coaches should be aware of the following allergies. Medications being taken and physical impairments that will in any way effect my child's participation:

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I understand my child will not be covered by any medical insurance provided by Lanier Running Club, Inc., and that I either have my own major Medical Insurance Policy or, if not; I will cover the expenses of any injury.

By my signature I represent that by signing, I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exist between the child and myself. By my signature, also, I have read and agree to all RULES and GUIDELINES in the Program Information Booklet of LRC.

**( ) AUTHORIZATION FOR MEDICAL TREATMENT**

I grant to the Coaches, Assistants, or Assigned Chaperones of Lanier Running Club, Inc. (LRC) the authorization to act as Spokesperson in granting permission if any emergency medical procedures or treatment/hospitalization (including Anesthesia), are required for my child. I understand that should a health emergency arise, I will be notified, but if I cannot be reached by telephone, I consent to the Coaches, Assistants, or Assigned Chaperone(s) taking, arranging for, and consenting to the procedures or treatment in his/her discretion.

<i>I give permission to the physician(s) at any physician's office, hospital, or clinic to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter, and in the physician's absence for the nurse on duty to render emergency care in line with standing order.</i>	
Parent/Legal Guardian	Date

I release and waive, and further agree to indemnify, hold harmless or reimburse the Lanier Running Club, Inc., Board of Directors, LRC Head Coach, LRC Coaches, LRC Staff, and LRC assigned Chaperones, from and against, any claim which I, any other parent or guardian, any sibling, the athlete, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during, or in connection with the athlete's participation in the activity, any trip associated with the activity, or the rendering or emergency medical procedures or treatment, if any.

**( ) REFUSAL FOR MEDICAL TREATMENT**

Parental permission must be obtained before medical treatment can be rendered to persons under 18 years of age. The above consent "block" should be signed by the parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed, except in extreme emergency, without parent being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstance, the parent should leave the above box unsigned and cross out the word "grant" on the form above and insert the word "refuse". If this form is not signed, it will be interpreted as a refusal of permission and emergency treatment will only be provided to the extent considered necessary by EMT, ER medical staff, or other medical professionals.

**( ) ACKNOWLEDGEMENT OF LRC RULES AND GUIDELINES (Booklet)**

I have received and read the Lanier Running Club Program Information Booklet. I understand the rules and guidelines contained therein and will comply with them.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT ATHLETE SIGNATURE

**P.O. BOX 13, GAINESVILLE, GEORGIA 30501**