

**NO REFUNDS**

**Athlete Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Current Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (circle): M F

**Parent Information**

1. Guardian(s) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_  
2. Guardia(s) Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Health & Medical Information**

Do you have medical insurance? (circle one) YES NO Company Name: \_\_\_\_\_  
Policy/Member #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Physicians Name: \_\_\_\_\_ Physician's #: ( ) \_\_\_\_\_

Does the above athlete have any medical problems? (circle all that apply)

Allergies Asthma Medical Limitations Migraines Nosebleeds Heart condition Other  
If yes, please explain: \_\_\_\_\_

**Been around or in contact with anyone with COVID 19? Yes / NO**

**Has the athlete tested Positive for COVID 19? YES / NO If yes explain include date:**  
\_\_\_\_\_

**Vaccinated for COVID? Yes / No If yes, provide date of vaccination: \_\_\_\_\_**

**PARENTAL AUTHORIZATION:** I, \_\_\_\_\_ (Parent/Guardian), ASSUME ALL RISKS AND HAZARDS COINCIDENTAL TO RUNNING, AND TRACK AND FIELD ACTIVITIES AND HEREBY RELEASE, ABSOLVE, AND HOLD HARMLESS, EDA FLYERS TRACK CLUB, COMMISSIONERS, EMPLOYEES,, EDA FLYERS TRACK CLUB BOARD OF DIRECTORS, ORGANIZERS, SUPERVISORS, COACHES, VOLUNTEERS, PARTICIPANTS, AND PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES, FROM ANY CLAIM FOR LOSS, DAMAGE, OR INJURY THAT MAY OCCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN EAST COBB CHEETAHS TRACK CLUB. I HEREBY GIVE PERMISSION FOR ANY AND ALL MEDICAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN THE EVENT OF ACCIDENT, INJURY, SICKNESS, ETC. UNDER THE DIRECTION OF EDA FLYERS TRACK CLUB, COACH, ASSISTANT COACH, OR ADMINISTRATOR, UNTIL SUCH TIME AS I MAY BE CONTACTED. I ALSO ASSUME FULL RESPONSIBILITY FOR THE PAYMENT OF ANY EXPENSES ASSOCIATED WITH SUCH TREATMENT. THE RELEASE IS EFFECTIVE FOR A PERIOD OF TWELVE (12) MONTHS FROM THE DATE GIVEN BELOW.

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Parent / Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent / Guardian Signature: \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE PROVIDED IN ORDER FOR ATHLETE TO PARTICIPATE**

(3) Copies of Birth Certificate       Yes     No    Comments: \_\_\_\_\_  
 (3) Current "Physical" DATE       Yes     No    Comments: \_\_\_\_\_

**PARENTAL RELEASE FOR INTERVIEWING, PHOTOGRAPHY, VIDEO-RECORDING**

On occasion the EDA Flyers Track Club may be photographed, interviewed and/or videotaped. Doing so may be for purposes including but not limited to: promotional material, advertisements, presentations, programs, and internet sites. Your athlete's name may also be used in conjunction with or by any media – including print, electronic, radio, and/or television. I, \_\_\_\_\_, authorize the organizers and professional staff to use pictures taken of \_\_\_\_\_ in future track related activities, literature, and presentations. By signing this Release, I grant permission to EDA Flyers Track Club, or anyone properly authorized by the organization to interview, photograph, audio-record, and/or videotape my athlete during track activities.

\_\_\_\_\_  
 Parent / Guardian's Signature

\_\_\_\_\_  
 Date

**RUNNING SEASON (Circle All that Apply)**

**Cross Country      Indoor Track & Field      Spring Track & Field      Summer Track & Field**

**Has your child participated in track and field previously?    Yes / NO**

**If so what events:** \_\_\_\_\_

**Anything we should know about your child?**

Uniform Sizes (please circle size)	Circle all that apply for sizes	
Youth/Adult    Men/Women Singlet: XS S M L XL XS S M L XL Shorts: XS S M L XL T-Shirt: XS S M L XL Sweatpants: XS S M L XL		

**\*No Refunds\***

<b>\$65 DEPOSIT DUE AT REGISTRATION:</b>	<b>CLUB USE ONLY</b>	Date Received: _____
		Balance due: _____
Cash Amount: _____	Online Amount: _____	Check Amount: _____
		Check #: _____

Questions: call Linda Mosley (678)852-3998 or Pamela Haley (360)929-2911

**\*All 0-10 year old athletes must donate a 12 pack of Gatorade and a case of water.**

**\*All 11- 18 year old athlete must contribute a 22 pack of variety chips and a case of water.**