PENSACOLA WINGS TRACK CLUB
2010 REGISTRATION FORM

Athlete's Name_____

Street_____

City_____ _____State____ Zip_____

Home Phone (___)____-_____

School_____ Grade(Fall 2010)_____

DOB___/___/___ Male [ ] Female[ ]

ADULT T Shirt S M L XL Singlet: S M L XL Short: S M L XL
YOUTH T Shirt S M L XL Singlet: S M L XL Short: S M L XL

Parent/Guardian Name#1_____

Phone(___)-___-_____ Email_____

Parent Guardian Name#2_____

Phone(___)-___-_____ Email_____

Contact me for participation in Parent Booster Club (circle) Y N

Waiver, Release, and Statement of Physical Condition

In consideration of the participation of my child,_____, in the Pensacola Wings Track & Field Program, I, in my own right, for myself and for such minor child, our heirs, successors, administrators and assigns, hereby contractually waive, relinquish and release and all rights, claims, actions and/or causes of action we may have against the Pensacola Wings, Coaching Staff, and/or any volunteer assistant coach or other club personnel for personal injry or property damage arising from, or in any way connected with, the Pensacola Wings Track & Field Program during the 2009 calendar year.

I further certify that the minor child named above is granted my permission to participate in the Pensacola Wings Track & Field Program. I am aware of the intensity of the training and competition involved and the associated rishs, and I certify that such child is physically fit to participate in such program. I further certify that I know of no physical condition or impairment that would in any way prevent such child from participating in the program.

I further understand that, with my child's membership, I assume the responsibility of helping the competitions that the club shall put on in whatever capacity I am qualified for.

Dated this_____day of_____ , 2010

_____ _____

Athlete Signature Parent Signature