



## Youth Cross Country

### Application:

Child Name: \_\_\_\_\_

Sex: M / F \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

E-mail: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

**Liability Waiver:** By execution of this waiver, I assume all risks associated with my participation in the Youth Cross Country Club practices and competitions. As a member of USA Track & Field, I agree to abide by the applicable USATF rules and regulations for my level and category of membership.

Signature: \_\_\_\_\_  
Parent or guardian must sign if under 18 years of age.

**Registration Waiver:** By execution of this waiver, I authorize the Columbus Running Club to register my child with USA Track & Field for participation in this program for the September 11 through December 9, 2017 cross country season. In addition, I authorize Columbus Running Club to complete on-line registration for my child's participation in the Indiana Association Junior Olympics and other cross country meets. I understand that I am responsible for completing an anti-doping certification (if requested) to be retained by the Columbus Running Club.

Signature: \_\_\_\_\_  
Parent or guardian must sign if under 18 years of age.

**Authorization for Medical Treatment of a Minor:** I/we, being the parent(s)/legal guardian(s) of \_\_\_\_\_, a minor, do hereby appoint Columbus Running Club Pathfinders program staff to act on my/our behalf, in the event that I/we cannot be contacted, to authorize or refuse necessary emergency treatment while participating at scheduled practices and meets during the September 11 through December 9, 2017 cross country season. I understand that I will be responsible for the payment of all costs incurred incident to such treatment. I will not hold Columbus Running Club in any way responsible for accidents and/or injury to the child that are wholly or in part resulting from facilities, acts, or omissions not directly managed by the Columbus Running Club.

Emergency contact #(s): \_\_\_\_\_

Preferred physician/treatment center: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent or guardian must sign if under 18 years of age.