



Jr. Track & Field Registration

2010

TRACK

Please Print:

Name: _____ Date of Birth: mo. ____ /day ____ /yr. ____

Address: _____ Age as of Aug. 1st 2010: ____

Email: _____

Parent/Guardian: _____ Grade (09/10) ____ Phone _____

Waiver of Liability

It is understood that the City of Bellefontaine, the Joint Recreation District Board, Bellefontaine City Schools, employees, volunteers, the organizers, sponsors and the supervisors, any and all of them are released, absolved, indemnified, and held harmless in case of injury, accident, or illness that may occur during the track league. I do assume all the risks and hazards that are incidental to the conduct of the activities for the above named candidate. I hereby waive all claims against and release from responsibility, any person involved in the league.

Parent/Guardian Signature: _____ Date: _____

PARTICIPATION FEE: \$20.00 – NO REFUNDS _____ PAID
(Checks made out to Jr. Track)

Late Registration Policy

After 3/31/10 – additional \$20.00 – Payable to the Joint Rec. District

CIRCLE ONE SHIRT SIZE: Youth: S(6-8) M(10-12) L(14-16) Adult: S M L XL

Tear off and Save for your information Jr. Track & Field

Please attend Tuesday May 4th, 2010 6:00 pm BHS Dodd Stadium

Age Groups

- 7-10
- 11-12
- 13-14
- 15-16
- 17-18

Practice Times

Tuesday & Thursday 6:00 p.m.
All practices at BHS Dodd Stadium

Jr. Track & Field

Emergency Medical Authorization

Bellefontaine Parks & Recreation Department:

Student's Name _____

Address: _____ City: _____

Telephone: _____ School attended during 09/10 year: _____

Purpose: To enable parents and guardians to authorize the provisions of emergency treatment for children whom become ill or injured while under Park authority, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED

Part I – TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone) or _____ (other parent or guardian) at _____ (phone) have been unsuccessful, I hereby give my consent for: the administration of any treatment deemed necessary by Dr. _____ (preferred Dr.) at _____ (Dr. address & phone),

Dentist _____ at _____ (address & phone) or in the event the need to transfer the child to _____ (preferred hospital) or any hospital reasonable and accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed Doctors or Dentists, concurring in necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any other physical impairments to which a physician should be alerted:

Date: _____

Signature or Parent or Guardian: _____

Address: _____

PART II – REFUSAL TO CONSENT (Do not complete PART II if you completed PART I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I wish the Park Authorities to take no action or to: Specific instructions: _____

Date: _____

Signature of Parent or Guardian: _____

Address: _____