

Current School:

Athlete's First and Last Name

Louisville Saints Track Club

Registration Form

Please Note: A copy of child's Birth Certificate and Insurance card must be attached.

Grade:

Age:

		Birth Certificate: [] Yes or No[]
Parent/Guardian Name (Pri	int)	
Street Address		
Phone: (H)	Cell:	
\ /		
Athlete cell:		
Athlete cell:		
Athlete cell: EMERGENCY CONTAC Name:	CT INFORMATION:	
Athlete cell: EMERGENCY CONTAC Name: Address:	CT INFORMATION: Relationship:	

This is a release, please read before signing:			
I, the parent / guardian of the above named athlete give my approval, for his/her participation in any and all activities during the current 2012-2013			
season. I assume all risk and hazards incidental to such participation,			
allowing my child to participate. I do hereby waive, release, absolve,			
indemnify and agree to hold harmless the organizers, sponsors, participants,			
officials and person transporting my child to or from activities. No one			
connected with the Louisville Saints Track Club, practice site or			
competition site will be held liable for any injury resulting from			
participation with The Louisville Saints Track Club. I also understand that			
if my child does not practice. I cannot expect him/her to be allowed to			
compete and that my child must obey and abide by the decision of the			
coaches, supervisors, and other adults working with the club. My child and I			
agree to abide by the club's code of conduct and that any violation is			
grounds for dismissal from the club. I understand that all alcoholic			
beverages and illegal substances are prohibited at all Louisville Saints			
Track Club activities.			
REGISTRATION FEE (fees can be paid online)			
Registration Fee is \$160.00. (Beginning with the third sibling a \$60.00 family discount will be applied to the third and each subsequent child) Fees Are Non-Refundable! Registration covers: (Membership Fee, Racing Uniform, AAU Membership, Team T-Shirt (Adult sizes), and Entry Fee for District Qualifier Meet).			
The following documentation and payment must be received before the athlete can practice with the club.			
Registration Fee Paid in Full			
Copy of birth certificate			
Current Physical Form			
Copy of Medical Insurance Card if you have insurance			
Parent/ Guardian Signature: Date:			
For Administrative use only:			
Fee Paid in FullYesNo Copy of birth certificateYesNo			
Current Physical FormYesNo Copy of Medical Insurance CardYesNo			

Athlete's First and Last Name