

# Aurora Sundowners Track Club

<http://www.sundowners.org>

There will be a **\$75.00** registration fee, which will include your AAU membership.

**(Please Print)**

1. Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex M / F  
(last, first)

2. Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex M / F  
(last, first)

3. Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex M / F  
(last, first)

Parent or Guardian/s \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please complete the front and back of this form and return it along with your ***\$75.00 fee*** and a ***copy of your child's birth certificate (new athletes only)*** to Coach Walters.

***Please make all checks payable to the Aurora Sundowners Track Club.*** If you have any questions call Coach Wilbert Walters @ 630-896-2197(home) 630-921-2197(cell), or

**To be completed by coaches only when payment is received**

Payment received by _____	Date _____
Cash amount _____	Check# _____

# **Aurora Sundowners Track Club**

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## **Permission Slip and Harmless Wavier Agreement**

**My child/children** \_\_\_\_\_ **have permission to**  
**attend all Aurora Sundowners practices, track meets and fund raising events**

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list any allergies to food or medication that your child may have.** \_\_\_\_\_

\_\_\_\_\_  
**Please list any medical conditions of which we need to be aware.** \_\_\_\_\_

\_\_\_\_\_

## **Medical Release**

**In case of emergency the Aurora Sundowners Coaches have permission to provide**  
**my child / children** \_\_\_\_\_ **with the necessary**  
**medical help.** (Athlete's name)

**Insurance Company** \_\_\_\_\_

**Insurance Card Number** \_\_\_\_\_

Please read this form carefully and be aware that in signing you are agreeing to waive and release all claims for injuries you or your child/children may sustain arising out of the above program. You acknowledge that there are certain risks of physical injury or even death to participate in the program and you will agree to assume the full risk of any such injuries or death of which your child/children may sustain as a result of participating in the program. I fully release and discharge the Aurora Sundowners Track Club, any and all coaches and sponsors from any and all claims from injuries or death that my child/children may accrue by participating in the program.

**Parent (s) Signature** \_\_\_\_\_ **Date** \_\_\_\_\_