



Carolina GOLD Running Club

Youth Registration Form

Instructions: Please fill in all blanks and sign where signature is required. Return all required forms as soon as possible, forms are necessary in order for the athlete to participate.

PLEASE PRINT (IN BLUE OR BLACK INK)

ATHLETE'S NAME: _____

First

Middle

Last

BIRTH DATE ___/___/___ AGE ___ GENDER ___ GRADE _____

ADDRESS _____

(P.O. Box or Street)

City

Zip

HAVE YOU PREVIOUSLY PARTICIPATED IN CAROLINA GOLD RUNNING CLUB? Yes ___ No ___

PARENT OR LEGAL GUARDIAN INFORMATION

Mother's Name: _____ PHONE: (Home) _____ (Cell) _____

Email: _____

Father's Name: _____ PHONE: (Home) _____ (Cell) _____

Email: _____

EMERGENCY CONTACT (IN CASE OF EMERGENCY –PERSON OTHER THAN PARENT/ GUARDIAN)

NAME: _____ RELATIONSHIP TO CHILD _____

PHONE: (Home) _____ (Cell) _____ EMAIL: _____

ADDRESS _____

Street

City, State

Zip

*Any other emergency contacts or anyone who is eligible to pick up your child, please indicate on a separate form with name and phone.

PLEASE LIST ANY AND ALL CHRONIC MEDICAL CONDITIONS (ASTHMA, ALLERGIES, ETC.) AS WELL AS ANY MEDICAL CONCERNS FOR WHICH YOUR ATHLETE HAS BEEN SEEN BY A DOCTOR IN THE LAST 3 MONTHS. PLEASE ALSO LIST ANY AND ALL REGULARLY TAKE MEDICATIONS:

2018 Registration Fees (Summer – Outdoor Track & Field)

- \$ 125.00 for new members (required) (Registration includes **USATF membership, Uniform, Tee-shirt**)
- \$ 100.00 for returning members (with uniform and current USATF membership)

Uniform Policy: Athletes MUST wear uniforms when competing for the Carolina GOLD Running Club

Uniform Size (circle one if needed)

Child's Size: S / M / L

Adult Size: S / M / L / XL / XXL

GUARDIAN/PARENT SIGNATURE(S): _____

DATE: _____



Carolina GOLD Running Club
MEDICAL EMERGENCY & RELEASE FORMS

Please Print

Participant's Name: _____ Date of Birth _____ M ___ F ___

Name of Parent(s) or Guardian(s): _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: Home: () _____ Work: () _____ Cell: () _____

Email: _____ Other Phone: () _____

If the child has any on-going medical problems, allergies, or medical conditions, please indicate below. Include current medications or physical ailments which may require medical treatment:

Name of Child's Physician: _____ Phone: _____

Insurance Company: _____ Insurance Company ID Number: _____

PARENT AUTHORIZATION TO PROVIDE SERVICES

I, _____ hereby authorize the coach accompanying Carolina GOLD Running Club to seek immediate medical treatment for my child listed above, if medical emergency arises while on the way to, returning from, or during any practice or meet in which the team participates. I also authorize the attending physician to perform any emergency treatment necessary, after consultation with the coach, if I cannot be reached.

Parent/ Guardian Signature: _____ **Date:** _____

HOLD HARMLESS AND PARENTAL CONSENT

I represent that I am the parent or legal guardian of the above named minor, and that I have completed all the required registration forms. By my signature below I agree to allow my child to participate as part of Carolina GOLD Running Club and give my consent for the above named child to participate in practices, to travel with the club, and participate in all club-sponsored competitions and hereby hold harmless the club, coaches, or volunteers from any liability in case of injury/ illness related to participation in activities with the Club. I authorize event officials to provide medical attention at my expense should the need arise and fully assume the risks associated with participation.

I understand that I may withdraw my permission for my child's participation at any time.

Parent/Guardian Signature: _____ **Date:** _____