

# Blue Knights Track

## 2018 Registration Form

### Player Information

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Home Address \_\_\_\_\_  
**Shirt Size** \_\_\_\_\_ **Adult or Youth** \_\_\_\_\_  
School Affiliate (circle) SALEM TRINITY-KLEIN  
Previous Track Experience? YES NO Events \_\_\_\_\_

### Parent Information

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address (Required) \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address (Required) \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Insurance Co \_\_\_\_\_ Phone \_\_\_\_\_ Policy Number \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
**List Any Medical Conditions & Medications Currently Taking** \_\_\_\_\_

### Agreement

By signing (on behalf of myself and all family members) below, I agree as follows: I will abide by all rules and regulations of the Blue Knights Club (the "Club"). The information provided regarding my son/daughter is correct. He/she has my permission to participate fully in the Blue Knights program (the "Program"). My son/daughter has no physical impairment or other health condition that might restrict participation. I understand and accept the risks associated with the fact that the Club does not carry any insurance that will protect my son/daughter or my family against injury or loss of life. All equipment issued to my son/daughter remains the property of the Club and must be returned at the end of the season. If such equipment is not returned, I agree to reimburse the Club the cost that is lined out on the uniform checklist for the missing equipment. The Club will provide a track uniform top. The athlete is responsible for appropriate footwear.

I hereby agree to forever release, discharge, INDEMNIFY AND HOLD HARMLESS any and all persons and entities involved in the Program, including the Club, its officers, directors, coaches, game officials, affiliated organizations and sponsors, their employees and associated personnel, including the owners of the track and field and facilities utilized by the Club from any claim by or on behalf of the participant and/or his/her family as a result of participation in the Program or attendance at practices or events associated therewith. I also hereby agree to allow my son/daughter to be transported to and from the Club's activities and agree to forever release, discharge, INDEMNIFY AND HOLD HARMLESS any and all persons and entities involved in transporting my son/daughter from any claim on behalf of the participant or his/her family. My agreements to release, indemnify and hold harmless are made with the knowledge that the release extends to and includes claims that arise out of the SOLE OR CONCURRENT NEGLIGENCE of one or more of the persons and entities described above.

\_\_\_\_\_  
Parents Signature or Legal Guardian

\_\_\_\_\_  
DATE

**\$150 Non-refundable participation fee**

Date Paid \_\_\_\_\_

**Make checks out to Blue Knights**

Check NO. \_\_\_\_\_ Cash \_\_\_\_\_