



"Run beyond the finish line"

## Youth Distance Running Program Registration Form 2011

Please PRINT AND SAVE A COPY OF THIS DOCUMENT for your own records. All responses will be held in the strictest of confidence. Thank You.

### I. Athlete Information

Athlete Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade Attending this Fall \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ How did you hear about *2ndWind*? \_\_\_\_\_

If someone referred you, please tell us who \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_

2<sup>nd</sup> Parent or Guardian's Name: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

### II. Program Weeks

Please check the appropriate boxes for the dates the camper will be attending in consecutive weeks:

- |                          |        |                       |                           |
|--------------------------|--------|-----------------------|---------------------------|
| <input type="checkbox"/> | Week 1 | July 11 to July 15    | Payment due by: June 30   |
| <input type="checkbox"/> | Week 2 | July 18 to July 22    | Payment due by: July 8    |
| <input type="checkbox"/> | Week 3 | July 25 to July 29    | Payment due by: July 15   |
| <input type="checkbox"/> | Week 4 | Aug 1 to August 5     | Payment due by: July 22   |
| <input type="checkbox"/> | Week 5 | Aug 8 to August 12    | Payment due by: July 29   |
| <input type="checkbox"/> | Week 6 | Aug 15 to August 19   | Payment due by: August 5  |
| <input type="checkbox"/> | Week 7 | Aug 22 to August 26   | Payment due by: August 12 |
| <input type="checkbox"/> | Week 8 | Aug 29 to September 2 | Payment due by: n/a       |

**III. Emergency Contact Information**

Athlete Name: \_\_\_\_\_

**IN CASE OF AN EMERGENCY OR LATE PICK UP, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relation: \_\_\_\_\_

**IV. Health and Medical Information**

Family Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan No.: \_\_\_\_\_

**Do you authorize the coaching staff to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes  or No**

Please state any reasons why you would not want medical care given to your child in an emergency:

\_\_\_\_\_

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type of medication given:

\_\_\_\_\_

**Has your child had the following { all that apply}?**

Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fainting Spells	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Convulsions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nose Breeds	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Menstrual Problems		Yes <input type="checkbox"/>	No <input type="checkbox"/>					

Other: \_\_\_\_\_

List any physical restriction or restriction for any sport activity on the basis of medical condition:

\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY SPORTS ACTIVITY**



*"Run beyond the finish line"*

---

**V. Parent/Athlete Consent and Waiver of Liability**

Athlete Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**I have carefully read this waiver and release of liability. I fully understand its terms and condition and understand that by signing this document that I have given up substantial rights for the named minor/athlete and myself.**

I hereby give my consent and approval for my child's participation in the 2ndWind Athletics Youth Distance Running Program. I/We, the undersigned, hereby release and discharge 2ndWind Athletics, its agents, coaching staff and volunteer, from all liability arising out of or in connection with the above described activity or all liabilities associated with any and all related to such activity that may be filed on behalf of or for the above named minor/athlete. For the purpose of this agreement, liability means all claims, demands, losses, cause of action, suits or judgments of any and every kind that occurs during the above described activity and that results from any cause.

I also acknowledge on my behalf and on the behalf of the above named minor/athlete that there are risks that are inherent in the above described activity, including the risk of serious injury that may occur through the conduct of other participants and coaches including conduct that may not be part of the ordinary risks of the activity itself. For example, injury may occur through conduct that is not authorized by the rules and regulations of the activity. This release and waiver as set forth in the above paragraph shall also apply to this type of conduct and any resulting injury.

Parent/Guardian PRINTED Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



*"Run beyond the finish line"*

## **VI. Parents Agreement of Payment Plan & Program Policies**

I \_\_\_\_\_, parent/guardian of \_\_\_\_\_, understand that my training program payment of \$\_\_\_\_\_ is due the week BEFORE my child/children will be attending the program. I understand that if payment is not made my child/children will not be able to attend practice for that duration and that the registration deposit is non-refundable or non-transferable.

I also acknowledge that I have read the following:

- ✚ Parent Handbook, Welcome Packet

In signing this application, I acknowledge that my child is in good health and is able to participate fully in the program and all related activities unless otherwise stated.

2ndWind Athletics reserves the right to use any and all photographs taken or in connection with the program or any of its activities.

It is further agreed and understood that 2ndWind Athletics reserves the right to suspend a participant for gross misbehavior and intentional violation of program rules.

NO refunds will be issued in full or in part for any reason, including injury with exception of a medical excuse presented with a physician's signature.

Every effort will be made to contact the parents in the event of an emergency. 2ndWind Athletics is not responsible for any monetary charges that may be incurred due to medical treatments.

Athlete PRINTED Name: \_\_\_\_\_

Parent/Guardian PRINTED Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach Signature: \_\_\_\_\_