



## ATHLETE REGISTRATION, PAYMENT & MEDICAL RELEASE FORM

### 2024 AGE GROUPS

SUB-BANTAM	7-8 YEARS	BORN 2016-2017
BANTAM	9-10 YEARS	BORN 2014-2015
MIDGET	11-12 YEARS	BORN 2012-2013
YOUTH	13-14 YEARS	BORN 2010-2011
8th GRADERS ONLY	15 YEARS	BORN 2009

**INDIVIDUAL MEMBERSHIP DUES: \$200 plus USATF online membership fee.**

This fee covers entry fees to all developmental meets, uniform, practice insurance, team equipment, team picnic and awards.

*\*Hooded sweatshirts are available for \$46 extra.*

\* Clothing Sizes:  
Youth Small 6-8, Youth Medium 10-12, Youth Large 14-16  
Adult Small, Adult Medium, Adult Large

NAME	DATE OF BIRTH	TANK TOP	SHORTS	TSHIRT	*HOODED
		SIZE	SIZE	SIZE	SWEAT SIZE*
1. _____	_____ M F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. _____	_____ M F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**This is NOT a drop off program. Parents or an Adult Guardian MUST remain either in the stands or around the fence for the duration of the practice.**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cellphone #: \_\_\_\_\_

Emergency Contact (Other than self)

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

The undersigned (the member) has registered participant(s) in the track and field programs of All American Blazers Track and Field Club, Inc. I am the Parent or Legal Guardian for any minor(s) (person under the age of 18) listed above. I acknowledge notice that the All American Blazers Track and Field Club, Inc. is a not-for-profit organization that **DOES NOT HAVE MEDICAL COVERAGE**. I understand that any medical insurance expense arising from participation in the program will be mine or my individual medical insurance expense. I hereby release and waive any claims against All American Blazers Track and Field Club, Inc., its officers, members or volunteers working in its programs from any medical expense liability arising from participation in the programs by the above registrants. I further release and waive any claims against the Warwick Valley Central School District from any medical expense liability arising from the above registrants use of the track, surrounding athletic fields, weight rooms and bathrooms.

**I certify that my child(ren) has no medical condition(s) that would prevent him/her/them from participating in competitive track and field athletics. Please note any special needs that the coaches should be aware of: Asthma, Medications, Seizures.**

\_\_\_\_\_

Date: \_\_\_\_\_ Parent Name (Please Print): \_\_\_\_\_

Initialed by: \_\_\_\_\_ Parent (Guardian) Signature: \_\_\_\_\_

Checks made payable to **All American Blazers Track & Field Club**