

# Rochelle Track Club Registration Form / Waiver for Athletes, Coaches, and Volunteers

Recommended by Illinois USATF  
USATF Illinois, 1213 Maple Avenue Floor 2, Lisle, IL 60532, (630) 512-0727



<b>Athlete, Coach, or Volunteer's Name, Gender, Birth date, T-shirt</b>										
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Last Name	First	M or F	Birth date	Age	T-Shirt Size:	Youth	S	M	L	Attach a birth certificate
					Circle size	Adult	S	M	L	XL
										(for athletes only)

<b>Primary Parent / Guardian Information:</b>				<b>Secondary Parent / Guardian Information:</b>			
_____	_____	_____	_____	_____	_____	_____	_____
Last Name	First			Last Name	First		
_____	_____	_____	_____	_____	_____	_____	_____
Address		City, St, Zip		Address		City, St, Zip	
_____	_____	_____	_____	_____	_____	_____	_____
Phone 1		Phone 2		Phone 1		Phone 2	
_____	_____	_____	_____	_____	_____	_____	_____

<b>Doctor Information:</b>		<b>Emergency Contact Information:</b>	
Doctor _____		Name: _____	
Doctor _____		Phone: _____	
Allergies or _____		Other _____	
Medical _____		_____	
_____		_____	
Medication: _____			

I know that competing and volunteering to work in club events are potentially hazardous activities. I know I should not enter or participate in club events or volunteer to assist with club activities unless I am medically able and properly prepared. I agree to abide by any decision of a club or race official relative to my ability to safely complete any event or to assist at any club activity. I assume all risks being associated with competing or volunteering to work in club events and activities including, but not limited to falls, collisions, physical contact with other competitors or spectators, the effects of the weather, including high heat or humidity, conditions of the road and traffic on the course – all such risks being known and appreciated by me and/or by any minors for whom I am authorized to act who also, or instead, do compete or do volunteer to assist as described above.

Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself, my heirs, and anyone acting on my behalf, waive and release USATF Illinois, Rochelle Track Club and all officials, volunteers and all sponsors their representative and successors from all claims or liabilities of any kind arising out of my participation in these club competitions or activities, even though that liability may arise out of negligence or carelessness on the part of the persons or organizations named in this waiver. I also grant permission to all of the foregoing to use any photographs, motion pictures, video or sound recordings, or any other record of the events or activities of the Rochelle Track Club, including those involving me, for any legitimate purpose. Further, I grant permission for emergency medical treatment for myself and/or for any minors for whom I am authorized to act by competent medical personnel.

<b>Signature:</b>	
As legal parent / legal guardian of _____, I agree to above waiver and certify the information is complete and correct. Parent or guardian signature required for participants under 18.	
_____ I would like to be a coaches assistant.	
_____ I can help at the Rochelle Track Meet.	Signature _____