

PANTHER TRACK CLUB REGISTRATION FORM



2010 Maine USA Track & Field Membership

New Member Renewal

Previous Number (if known): _____

LAST NAME	FIRST	INITIAL

ADDRESS

CITY	STATE	ZIP CODE

DO NOT INCLUDE IN USA TRACK & FIELD DIRECT MAILINGS.

DATE OF APPLICATION: _____/_____/_____

PRINT OR TYPE INFORMATION

Sex M/F	Age**	Date of Birth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>

** Age On 12/31/10 Verified

USA Citizen? Yes No
 If no, country of Citizenship: _____

Phone Number: (____) _____-_____

Club No. 0005 Club Name: Panther Track Club

EMAIL: _____

Membership Category Code: **AT**

Applicable track codes:

T
 F
 R
 R
 XC
 U
 MT
 RW

By signature below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF bylaws. Operating Regulations and Competition Rules for my level(s) and category (ies) of membership.

X _____
 SIGNATURE (If athlete is under age 18, a parent or guardian must sign instead of the athlete)

PANTHER TRACK CLUB PROGRAM FEES: \$50.00 – 1ST CHILD, \$35.00 – 2ND CHILD, \$25.00 FOR EACH REMAINING CHILD.

CONSENT FOR MEDICAL TREATMENT & RELEASE

In consideration of being permitted to participate in this activity offered by the Panther Track Club, I do hereby, for myself, my dependents and administrators, waive and release any and all claims I may have against the Panther Track Club, its various sponsoring agencies, and paid and non-paid volunteers.

I understand that although a physician's examination is not required for registration, it is highly advisable that participants consult with a physician before participation in athletic and strenuous activities.

As the parent or legal guardian of _____ I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I have read this consent and understand its content.

Signature of parent/guardian: **X** _____ Date: _____

CONSENT FOR PHOTO RELEASE

As the parent or legal guardian of _____ I hereby give permission for the Panther Track Club to take and use photos of my child for the purpose of fliers, web site pages, newspapers and other publicly displayed areas.

My child's name CAN be used in conjunction with his or her picture unless other permission is granted.

My child's name SHALL NOT be used in conjunction with his or her picture unless other permission is granted.

I have read this consent and understand its content.

Signature of parent/guardian: **X** _____ Date: _____