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**Junior Wolverines Cross Country**

**2015 Registration Form**

**Participant Information**

Runner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F Team T-shirt size (YS-AL)\_\_\_\_

Grade: \_\_\_\_\_\_ (2015-2016 School Year) Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Fall 2015) Designated High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Running Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Concerns or Special Requests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Fee: $100 Registration Deadline: August 3, 2015**

**(Registration fee includes team t-shirt, meet entries, coaching, picnics, misc expenses)**

**Make check payable to “WFHSXC Booster Club” and mail with this completed form to: David Ericson, 4650 Brighton Lake Drive, Cumming, GA 30040.**

# Parental Consent (on the back) MUST be signed to complete registration

**PARENTAL CONSENT FOR ATHLETIC PARTICIPATION**

**WARNING:** Although participation in supervised extracurricular athletics and activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN EXTRACURRICULAR ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised athletic programs or athletic clubs, it is possible only to minimize, not eliminate the risk.

Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES OR CLUB SUPERVISORS, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (We) hereby give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in and compete in the Junior Wolverines Cross Country program at West Forsyth High School of the Forsyth County School District in Georgia.

**Please read the following and check each box to indicate your agreement (required for registration):**

* I hereby release the Junior Wolverines Cross Country team, its Management Team, coaches, volunteers and other officials of the program from any responsibility for injury or death to my children or self suffered during practices and meets, including without limitation to transportation to and from practices and/or meets. In the event of such injury, I hereby give permission for my child to receive appropriate medical treatment. I agree to abide by the decisions and policies of the Junior Wolverines Cross Country program as in effect from time to time.
* I hereby acknowledge and agree that the Junior Wolverines Cross Country Program, its Management Team and other officials reserve the right to take action against any athlete, coach, and/or fan who demonstrates poor sportsmanship, behavior or is otherwise abusive, confrontational and/or vulgar. I further acknowledge that the Junior Wolverines Cross Country program’s punishment for such actions may include expulsion from current or future Junior Wolverines Cross Country sanctioned events.
* (Optional) I hereby authorize the use of the above registered participant’s likeness by the Junior Wolverines Cross Country program for the purpose of posting on the team website and/or use in the production of a year-end video to be used only in conjunction with the year-end awards ceremony. I reserve the right to withdraw this authorization at any time for any reason. Likeness shall be defined as photographs only – still or video.

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Signature(s) of Parent(s)/Guardian(s) Date

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Signature(s) of Athlete Date