

2015 The NCLA Track – Manual Registration Form

(Only for those parents who cannot complete the online registration.)

Student Name: _____
last name first name middle name

Address: _____
street city/town zip code

Sex: _____ Date of Birth: __/__/____ Current Grade Level: __ 6th __ 7th __ 8th __ 9th __ 10th

Primary Phone to be used in case of emergency: _____

Parent/Guardian #1: _____
last name first name middle name

Parent/Guardian #1 Email Address (Be Exact): _____

Place of Work: _____

Phones: Home - _____ Work - _____ Emergency - _____

Parent/Guardian #2: _____
last name first name middle name

Parent/Guardian #2 Email Address (Be Exact): _____

Place of Work: _____

Phones: Home - _____ Work - _____ Emergency - _____

Medical/Accident Insurance Carrier: _____

Policy Number: _____

PARENTS’/GUARDIANS’/ATHLETES’ Risk Acknowledgement

My/Our child wishes to participate in the athletic program at The NCLA. I/We understand that the risks include a full range of injuries, from minor to severe. I/We recognize the possibility that my/our child might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/We realize that neither the protective equipment and padding used in athletics programs, the safety rules and procedures of the various sports, the coaching instruction received, nor the medicine care provided to athletes will guarantee safety or prevent all injuries he/she might sustain. I/we agree to accept these risks as a condition of my/our child’s participation in any and all The NCLA athletic program.

ADDITIONAL OR SPECIAL CONDITIONS Risk Acknowledgement

(NOTE: Fill this box out ONLY if your child has a pre-existing condition that may increase risk of injury and/or illness. If this section does not apply to you, then write “not applicable” in the first space.)

I also realize that my/our child’s (name the condition) _____
_____ creates additional risks and I/we discussed these risks with the athletic director and coach(es)

Date

Parent or Guardian Signature