

**SHREVEPORT FORCE CROSS COUNTRY
REGISTRATION FORM**

Players and Parents:
Before signing this form, please be sure to read the Policy Statement (www.shreveportforce.com/policies)
that has been provided to you.

Athlete Information:

First Name: _____	Gender: _____	*Youth: Small, Medium, Large *Adult: Small, Medium, Large, X -Large
Nick Name: _____	Age: _____	*Shirt Size: _____
Middle Name: _____	Grade: _____	*Short Size: _____
Last Name: _____	Birthdate: _____	Phone: _____
		Email: _____

Parent/Guardian Information #1:

First Name: _____	State: _____	Medical Insurance? Y / N
Last Name: _____	Phone 1: _____	
Address: _____	Phone 2: _____	
City: _____	Email: _____	

Parent/Guardian Information #2:

First Name: _____	State: _____	Medical Insurance? Y / N
Last Name: _____	Phone 1: _____	
Address: _____	Phone 2: _____	
City: _____	Email: _____	

Consent and Waiver:

CONSENT FOR MEDICAL TREATMENT: I, _____ the parent/guardian of _____, hereby grant permission for any Force coach/participating parent to seek emergency medical treatment in case of injury or accident incurred by my child while participating in a sports event with the Force.

LIABILITY RELEASE: I understand that The Force, each of its coaches, parents, and representatives, as well as any sports facility utilized for Force sporting events shall not be liable for any mistake of judgment, negligence, or otherwise except in the event of their own individual willful misconduct. I hereby agree, for myself and my child, to hold harmless The Force, each of its coaches, parents, and representatives, as well as any sports facility utilized for Force sports events, against all claims, loss, damage, injury, and liability, however caused, or in any way connected with my child's participation in Shreveport Homeschool Sports Force Track and Field/Cross-Country or related activities.

ACCEPTANCE OF POLICIES: Both my child and I have read and accept the terms of participation and attendance at Force events as explained in this form and the Policy Statement furnished to me. (www.shreveportforce.com/policies)

PARENT SIGNATURE: _____ DATE _____