

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.

NOTE: FALL Registration fee is \$125 for the first player in a family and \$115 for the second.

Athlete Information:

First Name: _____

Gender: _____

*Youth: Small, Medium, Large

*Adult: Small, Medium, Large, X -Large

Nick Name: _____

Age: _____

*Shirt Size: _____

*Short Size: _____

Middle Name: _____

Grade: _____

Phone: _____

Last Name: _____

Birthdate: _____

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 _____

CROSS COUNTRY FEES PAID _____ \$120 (\$110 for second child)