

Cool Running Elite

ATHLETE:

Name: _____ Event: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Athlete's Mobile Number: _____ Home Number: _____

Date of Birth: _____ Age: _____ Circle one: Boy or Girl

PARENT/GUARDIAN:

Mother's Name: _____ Mother's Phone (cell): _____

Mother's Email: _____

Father's Name: _____ Father's Phone (cell): _____

Father's Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Phone (home): _____ Phone (cell): _____

Circle – Singlet size (Tank Tops)

Youth: S M L

Adult Woman: S M L XL XXL

Adult Man: S M L XL XXL

Release of Liability:

I, understand that, as a parent/guardian of the above named athlete, hereby release, and hold harmless of Cool Running, directors, coaches and volunteers from any and all claims, demands, injuries, actions or causes of action, whatsoever resulting from the participation of named participant during practices, competitions, fundraising activities and transporting to and from any activity connected to summer track. I, hereby, authorize the directors, coaches, and volunteers of Cool Running to seek and sign medical treatment for the above named participant in an emergency situation and I'm responsible for any medical fees accrued by my child as a result of medical attention. I also give permission for any photographs taken during these activities to be utilized for newspaper, web page, or any other advertisement now or in the future by Cool Running.

Parent/Guardian _____

Amount Paid _____ Initials _____ Date _____