



**Granite State Flash
2011 Cross Country**



Program Membership and Permission Form

Athlete Information (*please print neatly and complete ALL information- REQUIRED*):

Name: _____ Gender: F M DOB: ____/____/____ USATF Membership #: _____

Address: _____ Home Tel#: _____

Parents First Names: _____ Mom's Cell #: _____

Preferred Email Address: _____ Dad's Cell #: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Family Doctor Name: _____ Doctor Phone No.: _____

Date of Last Physical Examination: ____/____/____ Date of Last Tetanus Shot: ____/____/____

Please check the box below if there have been any illnesses, including but not limited to diabetes, asthma, limited physical activity due to heart problems, injuries or other circumstances of any type related to your child that may affect his/her ability to participate in the Granite State Flash, Inc. programs. If yes, please specify below.

List type of illness/condition etc: _____

Please List Other Interests and Activities (for our end of the year banquet!):

PAYMENT

Flash Fee (includes all racing fees and end-of-season trophy)	\$60	
USATF Membership- Unless membership is current through 2011, OR complete membership process online at http://www.usatf.org/membership/	\$20	
Singlet (required for competition)- Circle Size: YM YL S M L	\$17	
TOTAL (Make checks payable to "Granite State Flash")		

This is to certify that my child (please print), _____ has permission to try out and participate in the running programs conducted by the Granite State Flash, Inc. for the year 2011 season.

I accept and agree to comply to the running programs mission statement of the Granite State Flash, Inc and any bylaws and rules as applicable to the program. I grant permission to the Granite State Flash, Inc, its agents, coaches and/or volunteers to transport my child to and from athletic activities. In the event that I am unable to be reached in an emergency, I hereby authorize the Granite State Flash, Inc, its agents, coaches and/or volunteers to take emergency measures as needed. I understand this may include related transportation, x-rays, routine tests, treatment and release of records necessary for insurance or treatment purposes. The selected licensed physician or hospital has my permission to secure and administer treatment, including hospitalization for my child in the event such treatment is deemed necessary as a result of my child's participation in the programs or as a result of transportation to and from such athletic activities.

Assumption of Risk: I understand that competing in running and field sports is a potentially dangerous activity. I verify that my child is physically healthy and is able to train and compete. I fully assume all risks associated with these activities. I waive and release the Granite State Flash, Inc its volunteers, coaches and all individuals associated with the Granite State Flash, Inc from any and all claims of any type arising out of my child's participation in these programs. Further I grant permission for my child's name and contact information to be placed on a roster that may be distributed to team members and their parents/guardians as it relates to team related communications. I also grant permission for any photos taken at events, practices, or club-related activities to be posted on the Granite State Flash, Inc website.

Parent or Guardian Name: _____ Tel.#: _____
(Please print)

Parent or Guardian Signature: _____ Date: _____