



**Granite State Flash
2011 Track & Field
Program Membership and Permission Form**



Athlete Information (PLEASE PRINT NEATLY AND COMPLETE ALL INFORMATION)

First Name: _____ First Name: _____ Gender: GIRL BOY DOB: ____/____/____
 Address: _____ Home Tel#: _____
 Preferred Email Address: _____ Preferred Cell #: _____
 Mom's Name and Cell #: _____ Dad's Name and Cell #: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____
 Family Doctor Name: _____ Doctor Phone No.: _____
 Date of Last Physical Examination: ____/____/____ Date of Last Tetanus Shot: ____/____/____
 2011 USATF Membership #: _____ Are you new to Flash? YES NO Are you new to USATF? YES NO

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:

PAYMENT

Granite State Flash Track & Field Fee	\$20	
2011 USATF Membership - Complete and submit Flash USATF Membership form with \$20, OR complete membership process online at http://www.usatf.org/membership/	\$20	
Singlet- Circle Size: 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 videos or photos taken at events, practices, or club-related activities to be used by Granite State Flash, Inc for the website, presentations, and other electronic promotional uses.

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

Parent or Guardian Signature: _____ **Date:** _____