

**Team Flash Registration Form 2018**

**Make checks payable to: Team Flash**

**FEE: AAU Fee: \$14.00**

**SPRING SESSION: \$60.00**

**Every athlete must also become a member of AAU. Please follow directions below.**

**Sign up instructions for AAU:**

- 1) Go to: <http://aautrackandfield.org/>**
- 2) Register**
- 3) Make sure you choose Team Flash for your local team.**

**Athletes cannot participate at practices if they are not members of AAU**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sex \_\_\_M\_\_\_ F\_\_\_  
County of Residence \_\_\_\_\_ Date of Birth  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age as of 12/31/18 \_\_\_\_\_ Phone (Home )  
\_\_\_\_\_ (cell) \_\_\_\_\_ Family  
Email \_\_\_\_\_ Additional Email  
\_\_\_\_\_

Please write email addresses clearly Current School \_\_\_\_\_  
Parent Info: Parent/Guardian names: \_\_\_\_\_  
Emergency Contact #1 Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
Emergency Contact #2 Name \_\_\_\_\_  
Phone # \_\_\_\_\_  
List any special health concerns, medical history (ex. Diabetes, Asthma) and allergies (to medications, food, etc.)  
\_\_\_\_\_  
List any prescription medications your child is currently taking  
\_\_\_\_\_  
\_\_\_\_\_

Authorization for Treatment In the event of an illness or injury to my son/daughter in my absence, the Greater Williamsburg Distance Running Club/Team Flash coaches will secure treatment if needed. I authorize the emergency health care center attending to my child,

\_\_\_\_\_ to diagnose and administer treatment as deemed necessary. Guardian/Parent signature

\_\_\_\_\_ date \_\_\_\_\_ Insurance company:

\_\_\_\_\_ Name on policy \_\_\_\_\_ Waiver I know that running club track meets/practices are potentially hazardous activities. I assume all associated risks including but not limited to falls, contact with other participants, weather effects including high heat and humidity. Having read this waiver and knowing these facts, I/we release, absolve, indemnify and hold harmless the Team Flash/Greater Williamsburg Distance Running Club (Youth), organizers and sponsors in case of injury to my child. I/we waive all claims against the above mentioned persons or organizations which includes Team Flash, Greater Williamsburg Distance Running Club (Youth), the County of James City, the Williamsburg James City Recreation and the Williamsburg James City County Schools. I further certify that my child has permission to participate in the Team Flash or Greater Williamsburg Distance Running Club (Youth) program. I certify that I know of no physical or emotional condition or impairment that would prevent participation in the program. Parent/Guardian Signature:

\_\_\_\_\_ Date of application

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Publicity Waiver I, \_\_\_\_\_,

(check one) GIVE \_\_\_\_\_ DO NOT GIVE \_\_\_\_\_ Team Flash / Greater Williamsburg Distance Running Club permission to photograph my child,

\_\_\_\_\_ while attending meets and practices. I further grant Team Flash / Greater Williamsburg Distance Running Club permission to use my child's photograph for purposes, including but not limited to promotions, presentations, and advertising purposes. YES \_\_\_\_\_ NO \_\_\_\_\_ Parent/Guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_