



DCTFC – 6TH THROUGH 8TH GRADE RUNNING – 2018/19 WINTER REGISTRATION

FAMILY & COMMUNICATIONS

Parents/Guardians (First Last):

Email:

Phone:

Address/City/State/Zip:

Optional: Additional Parents/Guardians (First Last):

Email:

Phone:

ATHLETES

1 Athlete Name (First, Last):		M <input type="checkbox"/> F <input type="checkbox"/>	Have you had a USATF # : Y or N
Birth date (M, D, Y): / /	Grade	School:	
2 Athlete Name (First, Last):		M <input type="checkbox"/> F <input type="checkbox"/>	Have you had a USATF # : Y or N
Birth date (M, D, Y): / /	Grade	School:	
3 Athlete Name (First, Last):		M <input type="checkbox"/> F <input type="checkbox"/>	Have you had a USATF # : Y or N
Birth date (M, D, Y): / /	Grade	School:	

\$200 TOTAL - NOV. 26, 2018 – APR. 11, 2019
(NO CLUB: DEC. 24 – JAN. 7 DJUSD WINTER BREAK)
2 days/week: TUESDAY AND THURSDAY @ 4pm
Davis High School Brown Stadium, on Oak between 14th and Covell

(ask coaches about scholarship availability)

MAKE CHECKS PAYABLE TO: DCTFC		GRAND TOTAL \$
Mail TO: P.O. Box 2264 Davis, CA 95617		
Signature of parent/guardian:		Date:





MEDICAL WAIVER FORM
Please complete one form for each registered athlete

Legal Name _____ Age _____ Birthdate _____

Address _____ School _____ Fall Grade _____

Parents'/legal guardians' Names _____

Parents' Cells 1) _____ 2) _____ 3) Alternate adult: _____

Parent email _____

Medical Information:

Physician _____ Phone _____

Insurance Company _____ Policy # _____

Dentist _____ Phone _____

Allergies/Special Health Considerations: _____

Emergency Contact (other than parent): Name _____ Phone _____

I authorize all medical and surgical treatment, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature _____ Date

I give my permission for my child to travel with the team for club related events. I release DCTFC and individuals from liability in case of accident during activities related to DCTFC, as long as normal safety procedures have been followed. I agree to allow DCTFC to register my child with USATF.

Parent/Guardian Signature _____ Date

Waiver:

I hereby give permission for my child listed above to participate in practices with the Davis Community Track and Field Club. I verify that my child has had a physical exam in the last year and is capable of participating in the activities of the club, including but not limited to running, hurdling, jumping, throwing and pole vaulting. I agreed to indemnify, hold harmless and defend the coaches of the Davis Community Track and Field Club from any and all liability for injury to my child, as well as any injury or damage caused by my child.

Parent/Guardian Signature and Date

