

Pella Atletieks Track and Field Club 2010 Registration

Name of Athlete _____

Email Address _____

Address _____ City _____ Zip _____

Parent/Guardian Names _____

Home Phone _____ Work Phone _____

Emergency contact person _____ Phone _____

Physician _____ Phone _____

Birth Date ____/____/____ Current Age _____

In all sports, the participation involves acceptance of risk of injuries. Although the Pella Atletieks Track & Field Club organizers attempt to minimize these risks, total risk elimination is not possible. Please carefully read and sign the liability waiver in order to complete this form:

I agree to waive, release, absolve, indemnify, and to hold harmless the Pella Atletieks Track & Field Club, the organizers, coaches, sponsors, supervisors, officials, participants, Central College, Pella Community School District, and any person transporting my child to and from activities, from any claims arising out of an injury to my child.

Athlete's Name _____

Parent or Guardian Signature _____ Date _____

Please list any health concern we should know about:

Club Fee - \$35 (individual), \$50 (family)

Make check payable to Pella Atletieks Track & Field Club

and send check, signed & completed form to:

Eric Pingel

1010 Monroe St.

Pella, IA 50219

eric.pingel@gmail.com pingel10@mchsi.com pellatrackclub@gmail.com

Phone- 628-4689 (h), 780-1503 (c).

You may obtain a copy of this registration at: <http://www.pellatrackclub.org>.