



2018 SUMMER TRACK REGISTRATION FORM

Summer Registration Fees: \$150 (\$130 if athlete already has uniform) plus meet entry and travel expenses through Regional Championships (July 5-8).

Pay via PayPal online at siriusathletics.org or check: Sirius Athletics and mail to: 180 Best Dr., Athens, GA 30606.

USATF Race schedule and information: <http://georgia.usatf.org/Committees/Youth/Schedule-and-Results.aspx>

Child's Last Name: _____ First: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Date of Birth: _____

Cell/Primary Telephone #: _____ Secondary Telephone #: _____

School: _____ Grade: _____

Mother/Guardian's Name: _____ Work #: _____

Father/Guardian's Name: _____ Work #: _____

Email Address: _____

Uniform Size

Shirt: YXS YS YM YL YXL Adult Small Adult Medium Adult Large

Shorts/Tights: YXS YS YM YL YXL Adult Small Adult Medium Adult Large

I do hereby understand the terms of enrollment for my child and assume all risk and hazards/incidents to such participation, including transportation to/from said activities. I waive, release, absolve, indemnify, and agree to hold harmless Sirius Athletics and affiliated associations, leagues, the organizers, supervisors, sponsors, officers, directors, coaches, participants, and persons transporting, participants to/from such activities from any claim rising out of injury.

Parent/Guardian's Signature: _____ Date: _____

**Fundraising programs and limited financial aid available. Please contact Rachel Hopkins at: siriusathletics@gmail.org for more information.*



RELEASE FOR MEDICAL TREATMENT

The following is a release for medical treatment for your child. This form gives Sirius Athletics permission to seek medical treatment for your child if he/she is injured and you cannot be contacted. However, the staff, or designated person(s), the doctor's office, and the hospital staff (if necessary) will make every conceivable attempt to contact you.

I, _____ authorize the Sirius Athletic's staff to seek medical treatment
Print Parent's/Guardian's Name
for my child, _____ in the event that I cannot be reached, or the situation
Print Child's Name
requires immediate attention.

Doctor's Name: _____ Office #: _____

Primary Insurance Co: _____ Policy No: _____

Parent/Guardian's Signature: _____

.....

VOLUNTARY PHOTO RELEASE FORM

I _____, am the parent/legal guardian of
_____.

I freely give Sirius Athletics the right and permission to use my child's photograph. I understand that these images might be used for the exclusive and only use of Sirius Athletics in their print media publications, their advertisements, online (including the Sirius Athletics website) and in any other format that Sirius Athletics chooses.

I release the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I certify that I am 18 years of age or older.

I have read this release and approve of its terms.

Print Name: _____

Signature: _____

Date: ____/____/____