



20\$0 CROSS COUNTRY REGISTRATION FORM

Cost: \$110, Make checks payable to Sirius Athletics

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

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female Age: _____ Date of Birth: _____

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

School: _____ Grade: _____

Mother/Guardian's Name: _____ Shirt Size: YS YM YL AS AM AL

Father/Guardian's Name: _____ Short Size: YS YM YL AS AM AL

Email Address: _____

In the event that the Fall 2020 cross country season is cancelled , Sirius Athletics will refund a percentage of the season's fees based on the following formula: The amount refunded will be the percent of the Fall 2020 season not fulfilled multiplied by the full season's fees paid, less a \$20 administrative fee per runner.

I do hereby understand the terms of enrollment for my child and assume all risk and hazards/incidents to such participation, including illness and 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, volunteers, participants, next of kin, and persons transporting, participants to/from such activities from any claim rising out of illness, injury, disability, death or loss or damage to property. I willingly agree to comply with the program's stated and customary terms and conditions for participation.

If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately.

By signing below I agree to the parent/athlete contract on p3.

Parent/Guardian's Signature: _____ Date: _____

Athlete Signature: _____ Date: _____



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.

Parent/Guardian's Signature: _____ Date: _____

Doctor's Name: _____ Office #: _____

Primary Insurance Co: _____ Policy No: _____

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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: ____/____/____



PARENT AND ATHLETE CONTRACT

All parents and athletes must agree to and abide by this Athletic Contract when registering for any Sirius Athletics program. As parents, we are in a responsible position to influence the development of our youth by acting as positive role models on and off the track. As athletes, we are responsible to play by the rules and to respect our coaches, the players on our own team as well as those we compete against.

Parents Agree To:

- Place the well being of the child before a personal desire to win in order to ensure a child has the best athletic experience possible.
- Inform the coach of any physical disability or ailment that may affect the safety of the child or the safety of others.
- Be a positive role model and encourage good sportsmanship by showing respect and courtesy.
- Support all players, coaches and officials at every meet and practice.
- Refrain from engaging in any kind of unsportsmanlike conduct with any official, coach, player or parent
- Never engage in yelling at children/participants for making a mistake or losing a competition.
- Comply with stated COVID-19 related precautions and restrictions.
- Encourage children to play by the rules, respect the rights of other players, coaches, fans and officials.
- Be respectful of officials and coach's decisions.
- Address parental concerns by speaking with coaches in an appropriate manner including proper time and place.

Players Agree To:

- Conduct myself in a manner that reflects good sportsmanship at all times.
- Refrain from hazing, taunting or physical confrontations with opponents and teammates.
- Attend all practices and meets as scheduled unless resolved by the coaching staff.
- Practice hard and work to the best of my ability at all times.
- Refrain from using profanity, drugs, alcohol or tobacco.
- Treat my coaches, teammates and opponents with respect.
- Follow all team rules and regulations.
- Refrain from actions, which would bring discredit to my team, my family, my school and myself.