



# 2016 Registration Form

## Athlete Information:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Age \_\_\_\_\_ Gender M F 2016-17 School/Grade \_\_\_\_\_

Events interested in: \_\_\_\_\_

## Athlete Contact Information:

1<sup>st</sup> Parent/Guardian: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

## If Ordering (indicate YOUTH or ADULT):

Uniform Top Size _____	Uniform Short Size _____	Cotton T-Shirt Size _____
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## Registration:

## Price

\$60 per athlete (includes uniform and cotton t-shirt)	
\$10 per athlete (no uniform or cotton t-shirt)	

## Options:

## Size/s

\$15 extra shirt		
\$20 gray pullover hoodie		
\$9 cinch bag		

Payment: Cash Check # \_\_\_\_\_

**Total:**



### **Athlete Waiver for Participation**

Salina Burn Track & Field Club Liability Waiver: I hereby agree to waive the Salina Burn Track & Field Club from any liability, claims, judgments, or demands for damages incurred while my child is practicing or competing with the Salina Burn Track & Field Club. I understand that, in the event of an emergency, every effort will be made to contact me. Should I be unavailable and my child needs emergency medical/surgical treatment, I hereby give my permission to the physician selected by the coaching staff to secure proper medical treatment, including potential hospitalization, for my child as named on the registration form.

Signature indicates agreement: \_\_\_\_\_

Printed name : \_\_\_\_\_

Date: \_\_\_\_\_

Athlete has personal insurance:      YES or NO

Please send completed registration form to:

Huey Counts  
2250 Hein Ave.  
Salina, KS 67401

**\*\*NEW MEMBERS ONLY\*\***

**Please also include a COPY of your child's birth certificate for age verification.**

If you have any questions, please contact Huey Counts at 785-452-9717  
or by email at [huey.counts@live.com](mailto:huey.counts@live.com)