



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 _____ NO

Please send completed registration form to:

Huey Counts
2250 Hein Ave.
Salina, KS 67401

****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 email at huey.counts@live.com