



Berkshire Thunder Track Club Registration and Waiver

_____ Grade next fall _____
Last Name First Name

Address _____

City _____ State _____ Zip _____

Parents/Guardian _____

Phone for emergency contact _____ Phone to text alerts to _____

Email Address (print carefully) _____

Person to notify in an emergency if above cannot be contacted. Phone # _____

Medical issues _____

Doctor _____

Phone # _____

How did you hear about Berkshire Thunder Track Club? _____

Medical release and consent for medical treatment

I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with any athletic activity and in consideration of Berkshire Thunder Track Club accepting the registrant for its program, I hereby release, discharge and/or otherwise indemnify the Berkshire Thunder Track Club and any organization or person affiliated with this program including the owners of fields and facilities utilized for the activities, against any claim by or on the behalf of the registrant as a result of the registrant's participation in this program. I also certify that the registrant is fit to perform rigorous physical activity that may be required by the program. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine.

Name: _____

Signature: _____ Date: _____

___ I would like to order a Berkshire Thunder racing singlet (\$15). Circle Size: YS; YM; YL; S; M; L; XL

