



2024 Registration

Athlete's Name: _____ Birth Date: _____ Age: _____

Gender (circle): M F Current grade: _____ Current school: _____

Address: _____ City/State/Zip _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____

E-mail address(es): _____

Emergency Contact: _____ Emergency Phone: _____

Family Physician: _____

Allergies/Health Concerns: _____

REGISTRATION FEES

\$85 PER ATHLETE (includes uniform and t-shirt; circle sizes below) \$_____

	Youth Sizes	Adult Sizes
Uniform Top (circle size):	YS YM YL	AS AM AL

Uniform Short (circle size):	YS YM YL	AS AM AL
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T-shirt (circle size):	YXS YS YM YL YXL	AS AM AL AXL
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\$30 PER ATHLETE (no uniform, includes t-shirt; circle size above) \$_____

Payment: cash ____ check # _____ Venmo _____ TOTAL PAID: \$_____

Make checks payable to Salina Burn

Venmo account: @SalinaBurn

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 need 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 the completed registration form to:

Huey Counts

2250 Hein Ave.

Salina, KS 67401

If you have any questions, please contact Huey Counts at 785-452-9717 or email at

huey.counts@live.com