WAVES

San Diego Waves XTC- 2019 Cross Country

Pre-Membership Permission Form

We appreciate your interest in having your child participate in the San Diego Waves Running Club. Please complete the following information below which allows your child to participate & train for cross country with the San Diego Waves XTC for a two week trial. Print Clearly.

Name of Athlete:	_ Age: Birth date://
Parent/Guardian Name:	Cell phone ()
Home Phone: () Email:	
Address:	
Emergency Contact Information: Name: Phone: () Relation:
Your signature below gives your child permission to/ to/ (two week trial)	
After the two week period please complete our full n fees.	
WAIVER AND RELEASE FROM LIABILITY AND IN	on, the undersigned for himself/herself and personal
officers, coaches, and members, while the undersig any San Diego Waves XTC club event.	Diego Waves, its respective officers, coaches and arcos Unified School District & CSUSM FOR ANY NCLUDING LOSSES AND DAMAGES, which may property, including but not limited to those which a negligence of San Diego Waves XTC, its' respective ned is participating in and/or in route to any or from ILESS San Diego Waves XTC, its respective officers,
•	INJURIES, LOSSES AND DAMAGES to the person
3. Undersigned VOLUNTARILY ASSUMES ALL RI by undersigned while participating in any San Diego	
4. Undersigned has been warned that he/she must Diego Waves XTC activities.	be in good physical condition to participate in San
5. Undersigned has read this entire document, under and Release from Liability and Indemnity Agreement	erstands its contents, and voluntarily signs this Waiver
In agreement to the undersigned executes this docu	
Signature:	(Parent or Legal Guardian)