

2020 Registration

Athlete's Name:	Birth Date:							Age:				
Gender (circle): M F	7	Curren	nt grade	:	Curr	ent s	nt school:					
Address:		City/State/Zip										
Parent/Guardian:				Cell Pho	one:			Work	x Phone: _			
Parent/Guardian:		Cell Phone:					Work Phone:					
E-mail address(es):												
Emergency Contact:	Emergency Phone:											
Family Physician:												
Allergies/Health Concerns:												
\$75 PER ATHLETE (inclu	ides un	iform aı			ON FEES sizes below					\$		
Top (circle size):	YS	YM	YL		AS	5	AM	AL				
Short (circle size):	YS	YM	YL		A	S	AM	AL				
T-shirt (circle size): YXS	YS	YM	YL	YXL	AS	5	AM	AL	AXL			
\$25 per athlete (no uniform	ı, inclue	des t-shi	irt; circl	e size abo	ove)					\$		
Record of payment: cash	ch	eck #		-					TOTAL	PAID: \$		

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

If you have any questions, please contact Huey Counts at 785-452-9717 or email at huey.counts@live.com