



# 2019 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

**\$75 PER ATHLETE** (includes uniform and t-shirt; circle sizes below) \$\_\_\_\_\_

Top (circle size):	YS	YM	YL	AS	AM	AL			
Short (circle size):	YS	YM	YL	AS	AM	AL			
T-shirt (circle size):	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL

**\$25 PER ATHLETE** (no uniform, includes t-shirt; circle size above) \$\_\_\_\_\_

## ACCESSORIES

**\$15 t-shirt** (circle size): YS YM YL AS AM AL AXL \$\_\_\_\_\_

**\$10 cinch bag** \$\_\_\_\_\_

**\$22 gray hoodie** (circle size): YXS YS YM YL YXL AS AM AL AXL \$\_\_\_\_\_

Record of payment: cash \_\_\_\_\_ check # \_\_\_\_\_ TOTAL PAID: \$\_\_\_\_\_

Comments:



## 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](mailto:huey.counts@live.com)