SAN DIEGO WAVES XTC 2025 CROSS COUNTRY MEMBERSHIP REGISTRATION APPLICATION

PLEASE PRINT CLEARLY

ATHLETE INFORMATION		
Last Name: First (Full) Name:		
Date of Birth: / /	Primary Phone:	USATF#
Current address:		
City:	State:	ZIP Code:

PARENT INFORMATION		
Mother Name:	E-mail:	Cell #
Father Name:	E-mail:	Cell #

EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CONSENT FOR MEDICAL TREATMENT

CONSENT FOR MEDICAL TREATMENT (Minor): As the parent or legal guardian of the above named athlete, I hereby give my consent for emergency medical care prescribed by a license Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent minor and I assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

Signature of parent/guardian:		Date

WAIVER AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

In consideration of your acceptance to this application, this undersigned for himself/herself and personal representatives, assignees, next of kin, hereby agree as follows:

1. Undersigned WAIVES AND RELEASES any and all claims, rights and or causes of action which undersigned now has or may have against the San Diego Waves XTC, its respective officers, coaches and members, City of San Marcos, San Marcos Unified School District and City of Vista FOR ANY AND ALL CLAIMS, SUITS, LIABILITY, INJURIES, INCLUDING LOSSES AND DAMAGES, which may occur to or be inflicted upon undersigned or his/her property, including but not limited to those which relate to, or which may in any way be caused by the negligence of San Diego Waves XTC, its' respective officers, coaches, and members, while the undersigned is participating in