



Registration/Medical Release Form

2023 Indoor Season 2023 Outdoor Season

Participant Information: _____
(PRINT Last Name) (PRINT First Name and Middle Initial)

Participant Age: _____ Date of Birth - Month: _____ Day: _____ Year: _____
Submit a copy of Birth Certificate with Registration Female Male

Parent/Guardian Name: _____

E-mail: _____

Phone Home: _____ Cell: _____

Address: _____
(PLEASE PRINT) Street City Zip Code

Emergency Contact Name: _____
(List a name other than above listed parent/guardian)

Emergency Contact #: _____ Relationship to Athlete: _____

With the full understanding that track and field require a wide range of exercise and exerting activity, does your child have any condition or illness that may affect his/her full participation? Yes: No: If yes, please describe, including any limitations: Also, please list any pertinent medical information (Epilepsy, Asthma, Diabetes, Allergies, Medications etc.):

I understand that it is recommended my child have a physical examination each year.

I declare that to the best of my knowledge; my child is in good health and physical condition and I have disclosed pertinent information pertaining to his/her health and physical condition. I hereby waive, release, and forever discharge TOTAL ELITE PERFORMANCE Club, it's members, officers, directors, managers, and coaches from any and all claims, demands, actions, and causes of action of every name and nature and especially from all claims arising out of any and all personal injuries, damages and for any loss or damage whatsoever, resulting directly there from that may befall my child while engaged in



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practices/meets and all events attended by TOTAL ELITE PERFORMANCE Club for the 2023 seasons.

Parent Initial: _____

In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by TOTAL ELITE PERFORMANCE Club and their representatives, agents or assignees, when neither the parents, guardians, or designated family physician can be contacted, I hereby give my consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Law of the Commonwealth of Virginia.

Parent Initial: _____

Signature (Parent/Guardian): _____

Date: _____

A registration fee for indoor and outdoor will be collected. **This does not include the cost of the uniform or competition.**

I understand registration fees are non-refundable.

Parent Initial: _____

There are mandatory fundraisers. Participation is required. You have the option of buying out of the mandatory fundraisers if desired.

Parent Initial: _____