

# City of Round Rock Parks & Recreation Department

## 2009 Youth Summer Track and Field Team

### Round Rock Stars Registration Form

#### Athlete Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Ages on 12-31-08: \_\_\_\_\_

Short Size: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

List any medical conditions we should be aware of:

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#### Parent / Emergency Information

Parent: \_\_\_\_\_ Parent DOB: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Would you be interested in volunteering to assist with the team? \_\_\_\_\_

If so, what area? \_\_\_\_\_

#### **Waiver and Indemnity**

Acceptance of my entry and participation in the events of the Track & Field Team is without responsibility of any kind By the City of Round Rock or the Track & Field Team administrators and volunteers, or any other entity sponsoring a related event. I do hereby for and on behalf of myself, and my heirs and legal representatives, RELEASE and forever discharge the City of Round Rock, its officers, directors, representatives, coaches and volunteers from any and all claims, demands, and injuries; howsoever arising, which injuries may be in any way related to my activities as a member of the Track & Field Team and any period traveling to or from the events described, and all such claims are hereby WAIVED and RELEASED, and therefore, I agree not to sue. The parent or guardian, by signing below, does hereby agree to Indemnify and HOLD HARMLESS the City of Round Rock and its officers, directors, coaches, representatives, and volunteers from any liability which may incur to the participant; however arising and whether caused by the negligent acts of the City of Round Rock, its officers, directors, coaches, representatives, and volunteers.

Participants Name: \_\_\_\_\_ Signature if 18 yrs. or older: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO REFUNDS WILL BE GIVEN ONCE THE SEASON HAS BEGUN (May 1, 2009)**

<b>Official Use:</b>	Amount Paid: _____	Staff Initial: _____
Payment:	Cash _____ Check No. _____	Credit Card _____
Birth Certificate Received:	Yes _____ No _____	
TAAF Release Form:	Yes _____ No _____	