

POLE VAULT ATLANTA CLUB

ATHLETE REGISTRATION & INFORMATIONAL FORM

(Please make sure you fill out all sections of the form – front & back- and write plainly and clearly)

Team Member's Full Name: _____
Name Called: _____ Birth Date: _____ Age _____ Gender: _____
Home Street Address: _____
City/State: _____ Zip Code: _____ County: _____
School: _____ Telephone Number: _____
FAX Number: _____ Mobile Phone Number: _____
E-Mail Address #1: _____
E-Mail address #2: _____
Mother's Name: _____ Father's Name: _____
Mother's Occupation: _____ Father's Occupation: _____
Mother's Work #: _____ Father Work #: _____
Mother's Work Address: _____
Father's Work Address: _____

Team Member's Physician: _____
Physician's Address: _____
Physician's Telephone #: _____

If an emergency arises and the parents' cannot be reached, list two people who can be notified:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Does the athlete have any allergies? _____ Yes _____ No

Please list them: _____

Is the athlete on any medication? _____ Yes _____ No

Please list them: _____

What is the date of the last DPT or Tetanus Toxoid injection? _____

Athlete's Height: _____ Athlete's Weight: _____

Does the athlete have any previous background in the Pole Vault? _____ Yes _____ No

Please describe: _____

Please list other sports or activities in which the athlete has or is participating: _____

Date Form Completed: _____

One year club registration fee: \$520

For office use only:

Dues Paid: Amount: \$ _____ Date Paid: _____ Check #: _____ Cash: \$ _____

PARENTAL CONSENT FOR TREATMENT OF CHILD

(Please be certain to sign in each of the three places and fill-in the insurance information. This is NOT optional.)

Parental consent for the treatment of minors in the case of illness or accident. Parental permission must be obtained before medical treatment can be rendered to persons under 18 years of age. The following consent from should be signed by the parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed, except in extreme emergency, without parent being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstance, the parent should cross out the work "give: on the form below and insert the word "refuse". If the form is not signed, it will be interpreted as a refusal of permission.

I give permission to the physician(s) at any physician's office, hospital, or clinic to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter, and in the physician's absence for the nurse on duty to render emergency care in line with standing order.

Parent/Legal Guardian Date

Insurance Company: _____ Insurance Co.
Phone #: _____
Insurance
Company Address: _____
Group Number: _____
Member
Number: _____
Policy
Holder: _____

HOLD HARMLESS AGREEMENT

IN CONSIDERATION OF POLE VAULT ATLANTA ALLOWING _____ (HEREINAFTER "CHILD") TO PARTICIPATE AND COMPETE WITH THE POLE VAULT ATLANTA, PROGRAM I INTEND TO BE LEGALLY BOUND FOR MYSELF AND I INTEND TO LEGALLY BIND "CHILD" BY EXECUTING THIS AGREEMENT. I HEREBY WAIVE OR GIVE UP ANY RIGHT I OR "CHILD" MAY HAVE TO FILE A SUIT AGAINST POLE VAULT ATLANTA, ITS COACHES, PARENT VOLUNTEERS, TRAINING FACILITY OR ANY OTHER PERSON, ORGANIZATION, OR ENTITY ASSISTING POLE VAULT ATLANTA IN ITS TRACK & FIELD PROGRAM (HEREINAFTER POLE VAULT ATLANTA, ITS COACHES, PARENT VOLUNTEERS, TRAINING FACILITY OR ANY OTHER PERSON, ORGANIZATION, OR ENTITUY ASSISTING POLE VAULT ATLANTA. COLLECTIVELY: 'POLE VAULT ATLANTA"). THIS AGREEMENT APPLIES TO ANY CIRCUMSTANCE INCLUDING BUT NOT LIMITED TO ANY WAY BY PARTICIPATING WITH, FOR OR AGAINST POLE VAULT ATLANTA OR ANY ORGANIZATION THAT IS AFFILIATED WITH INCLUDING THE STATE OF GEORGIA (OR ANY SUBSIDIARY), FULTON COUNTY, COBB COUNTY, THE TRAINING FACILITY OR ANY OTHER ORGANIZATION, PERSON, OR ENTITY. THE PURPOSE OF THIS AGREEMENT IS TO ASSURE POLE VAULT ATLANTA THAT IN THE EVEN "CHILD" IS INJURED OR DAMAGED AS A RESULT OF HIS/HER PARTICIPATION WITH POLE VAULT ATLANTA, I AND/OR "CHILD" WILL NOT HOLD POLE VAULT ATLANTA RESPONSIBLE OR LIABLE AND I PROMISE ON BEHALF OF MYSELF AND "CHILD" THA I AND/OR "CHILD" WILL NOT FILE SUIT AGAINST POLE VAULT ATLANTA FOR ANY DAMAGES OR INJURIES TO "CHILD".

Parent/Legal Guardian Date

CONSENT TO SIGN ENTRY FORM

Parental consent is given to permit the coaches and/or the President of POLE VAULT ATLANTA to sign an entry form for entry of my son/daughter into a track & field competition or meet.

Parent/Legal Guardian Date