



COMOX VALLEY COUGARS TRACK AND FIELD CLUB

APPLICATION FOR MEMBERSHIP 2010

ATHLETE NAME: _____ M _____ F _____ PHONE: _____

BIRTHDATE: _____ [PLEASE WRITE OUT IN FULL.]
(YEAR) (MONTH) (DAY)

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

GUARDIAN NAME: _____ GUARDIAN NAME: _____

E-MAIL ADDRESS: _____ CONTACT NUMBER(S): _____

EMERGENCY CONTACT IF DIFFERENT FROM ABOVE:

_____ PHONE NUMBER: _____

On becoming a registered athlete, I hereby, for myself, my heirs, executors and administrators: waive and release any, and all right and claim for damages I may have against the Club, its agents, representatives, successors, and assigns, for any and all injuries suffered.

Photos of members may be posted on our website. **Please note: names will not be posted with photographs.**

SIGNATURE OF ATHLETE: _____

SIGNATURE OF GUARDIAN: _____

FAMILY PHYSICIAN: _____ PHONE NUMBER: _____

CARE CARD NUMBER: _____

This form gives the Parents' [Guardians'; Athletes'] permission and authorizes a designated Coach/Coordinator/Executive Member/Team Manager of Comox Valley Cougars Track and Field Club to act on their behalf in the event of a medical emergency.

Please list any allergies, medications required, or any other health concerns of which the Club and its coaches should be made aware

*** FEES MUST BE PAID IN ORDER TO PARTICIPATE IN TRAINING AND MEETS ***