



## Club Application

[www.oakhillracing.com](http://www.oakhillracing.com)

### ATHLETE INFORMATION

Name: \_\_\_\_\_ Sex: Male Female

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Who else can pick up child from practice? \_\_\_\_\_

### EMERGENCY CONTACTS (in case neither parent/guardian can be reached, who else may be contacted?)

Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #s: \_\_\_\_\_

***For Team Use – Please Leave Blank***

Uniform Top: \_\_\_\_\_ Uniform Short: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

Birth Certificates (1 copy): \_\_\_\_\_

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

**INSURANCE INFORMATION** (If you do not carry health insurance, please note.)

Health Insurance Provider: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Group/Plan Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Dental Insurance Provider: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Group/Plan Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL CONDITIONS** (The following information will be held in confidence.)

1. Does your child wear contact lenses/glasses? \_\_\_\_\_, or hearing aid? \_\_\_\_\_

2. Does your child have asthma? \_\_\_\_\_. If so, does s/he have medication? (specify): \_\_\_\_\_

3. Does your child have any special needs and/or physical disabilities/limitations? If so, please describe: \_\_\_\_\_

4. Does your child take any medication on a regular basis? \_\_\_\_\_. If so, indicate the specific medication and condition prescribed for: \_\_\_\_\_

5. Does your child have any allergies? If so, please explain: \_\_\_\_\_

**PHOTO RELEASE**

*By signing at the bottom of this form I hereby grant full permission to Oak Hill Racing to use any photographs, motion pictures, recordings or any other record of my participation in this program for any legitimate purpose, including commercial advertising without monetary payment to me. [ ] No, I do not wish to grant a photo release.*

**RELEASE, INDEMNIFICATION AND WAIVER FORM**

*I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the programs and activities (the "Programs") sponsored by Fleet Feet Sports and Oak Hill Racing which are beyond the control of the coaches, affiliated organizations and sponsors, their employees and associated personnel, including the owner of sites and facilities utilized for the Programs, and that participation by my child in any Programs may entail unavoidable risk of personal injury, death and loss of or damage to property. These risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning and unexpected extreme weather conditions and any hazard present in the outdoors, such as but not limited to low lying branches, sharp objects and slippery surfaces.*

*I hereby assume all risks of injury and death to my child and loss of or damage to property arising out of my child's participation in such activity and I agree to indemnify, hold harmless Fleet Feet Sports and Oak Hill Racing its coaches, officers, instructors, agents and employees from and against all claims arising from any occurrence causing damage or injury to my child or to any party participating in said Programs or any third parties injured as a result of my child's actions.*

*In the event that my child requires medical attention while participating in the Programs, I hereby grant permission to Fleet Feet Oak Hill Racing and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.*

*I have read and understand the terms and conditions of this Release, Indemnification, and Waiver and I agree to subscribe to them.*

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_