



Blazin Ravens Registration Form

Athlete Information

Name: _____ Gender: _____ Date of Birth: _____

School: _____ Grade: _____

Insurance Carrier: _____ Medical Grp# _____

Insurance ID: _____

Program Selection (Local or Travel): _____

Parent / Guardian Information

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact

Contact Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____

Uniform Size

Youth: S (6-8) _____ M (10-12) _____ L (14-16) _____ XL (18-20) _____ **Adult:** Small _____ Med _____ Large _____ XL _____ XXL _____

The undersigned hereby requests that the named athlete be allowed to participate in this program during the current season and, in consideration thereof, the undersigned assumes all risks and hazards incidental thereto and agrees to hold harmless and indemnify, release and discharge THE BLAZIN RAVENZ TRACK CLUB, its officers, coaches, and sponsors from any personal or property claim arising from any activity or transportation to or from these activities. Further, this shall authorize any doctor to commence immediate treatment in the event of any accident, illness, or injury to the athlete, and the undersigned shall be liable for payment thereof, without necessity of further release or authorization whatsoever. The undersigned also acknowledges and agrees that pictures and/or videos may be taken of the named athlete and used to promote the track club in current year and future. I further agree that I have read, understood and signed THE BLAZIN RAVENZ TRACK CLUB "Code of Conduct", and I do agree to its terms and conditions.

Signature: _____ Date: _____