

# Quicksilver Youth Race Team Information Form

**Because of liability requirements, membership in the Quicksilver Running Club (ORC) and submitting this form is required for all athletes who wish to practice or compete with the team. Registration starting on November 1<sup>st</sup> includes that year and the next year.**

You must complete this and all other team forms before you can practice or compete with the team. Upon completion of this form, you must give it to a QRC coach and if you wish to compete at USATF events, you must join PAUSATF and provide them with an original birth certificate (a copy of your certificate can be emailed or faxed to Heike Mansoor of PAUSATF at [heikemansoor@aol.com](mailto:heikemansoor@aol.com) or 916-983-4624.

Athlete's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ USATF Number \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(Street, City, Zip)

Parent/Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Emails (Parent/Guardian) \_\_\_\_\_

Email (Athlete) \_\_\_\_\_

## **PERSON (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

In consideration of your allowing the above-named athlete to practice and/or compete with THE QUICKSILVER RUNNING CLUB, I/We, intending to be legally bound for myself/ourselves and my/our heirs, executors and administrators do hereby waive and release forever any and all rights and claims for damages I/We may accrue against THE QUICKSILVER RUNNING CLUB, and any other person, organization or official affiliated with THE QUICKSILVER RUNNING CLUB as well as their representatives, successors and assigns, for any and all injuries arising from any participation in and/or traveling to or from THE QUICKSILVER RUNNING CLUB outings, practices, and/or meets. In the event we cannot be reached in an emergency, I/We hereby give permission for any Quicksilver Running Club Coach or official to authorize by his /her signature whatever medical treatment may be considered necessary by the attending physician for my/our child. \_\_\_ Yes I do (default) or \_\_\_ No I don't - allow the athletes image to be used by Quicksilver Running Club

Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

If you do not want medical care given to your child, please state the reasons \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Athlete's Signature \_\_\_\_\_ Date \_\_\_\_\_

QRC: [www.qrc.wildapricot.org/](http://www.qrc.wildapricot.org/) PAUSATF: [www.pausatf.org/](http://www.pausatf.org/) (Quicksilver is club #284)