

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.

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 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.quicksilver-running.com/ PAUSATF: www.pausatf.org/ (Quicksilver is club #284)