

**BLUE & GOLD RUNNING CLUB**  
**2019 REGISTRATION FORM**  
(PLEASE PRINT)

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ (CIRCLE): MALE FEMALE GRADE (18/19 SCHOOL YEAR) \_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

OTHER EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

CHILD'S SHIRT SIZE (CIRCLE): YOUTH MD YOUTH LG YOUTH XL ADULT SM ADULT MD ADULT LG

<p><b>Periodically, we will send out Blue &amp; Gold Running Club Information via text and email.</b> <b>Information will be sent to text # and email address listed in this box.</b> <b>If you prefer to not receive texts and/or emails, please leave blank.</b></p>
TEXT # _____
EMAIL ADDRESS _____

I, the undersigned, am the parent or legal guardian of the child whose name appears above. I understand that all Blue & Gold Running Club Activities carry the potential risk of injury. I hereby assume full and complete responsibility for any injury that may occur to my child as a result of participation with The Blue & Gold Running Club. I hereby release from liability and waive and relinquish any and all claims, demands, and/or causes of action whatsoever against The City of Wickliffe, Wickliffe City Schools and any and all personnel and/or volunteers associated with The Blue & Gold Running Club. If transportation to a Blue & Gold Running Club Event is provided for my child, I hereby waive and relinquish any and all claims, demands and/or causes of action whatsoever against any and all persons who will be transporting and/or accompanying my child to that event.

If my child becomes injured or ill while participating in a Blue & Gold Running Club Activity and reasonable attempts to reach parent/guardian and emergency contact are unsuccessful,  
**(CIRCLE) I DO / I DO NOT** authorize and empower The Blue & Gold Running Club Coach/Supervisor to consent to and authorize any medical care or treatment that may appear reasonably necessary.

**MEDICAL INFORMATION:**

- 1) Does child have asthma? (Circle)      Yes      No
- 2) Does child have allergies? (Circle)      Yes      No      If Yes \_\_\_\_\_
- 3) Does child have heart condition? (Circle)      Yes      No      If Yes \_\_\_\_\_

List any additional medical information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE