



2010 Membership Application
Pearlgate Track and Field Club
www.pgtfc.com

P.O. Box 612, Mount Pearl, NL • A1N 2X1 • 709-748-1012 • PearlgateTF@hotmail.com

Participant's Name: _____ Age: _____ D.O.B: _____ (mm/dd/yy)
 Address: _____ Postal Code: _____
 M.C.P.: _____ Phone (s): _____
Email: _____
 Mother's Name: _____ Home: _____ Work/Cell: _____
 Father's Name: _____ Home: _____ Work/Cell: _____
 How many years have you been a member of PGTFC? _____ What year did you first join PGTFC? _____

EMERGENCY CONTACT (If unable to contact above named parents/guardians)

Name: _____ Home: _____ Work/Cell: _____
 Doctor's Name: _____ Phone: _____

PLEASE INDICATE ANY MEDICAL CONDITIONS: (use separate sheet if necessary)

MEDICAL RELEASE:

I hereby give consent for _____ to receive first aid care by a certified coach on site and/or to receive medical attention by a certified physician at a medical institution.

Member's Signature: _____ **Date:** _____

Parent's/Guardian's Signature (if under 18): _____ **Date:** _____

For Administrative Use Only	PGTF Club Membership # _____	Date _____
PAID: _____	Club \$60.00	Twilights \$20.00
	NLAA \$40.00	Receipt Number: _____
Competition Category:	Male _____	Female _____
	Pre-bantam _____	Midget _____
	Bantam _____	Juvenile _____
		Junior _____
		Senior _____

Pearlgate Club Membership fee is **\$60.00 per calendar year** (Jan. to Dec.) + **\$20.00 Twilight Series**
 Includes Pearlgate Club Fee (\$40.00) and Mount Pearl Sport Alliance Tickets (\$20.00).

Anyone who has not registered with the NLAA, should complete an NLAA Membership form plus Registration Fee.



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ATHLETE AGREEMENT

ACCEPTANCE OF RISKS

I am aware that there are physical risks and hazards inherent in track and field which include but are not limited to:

- Muscular injuries resulting from vigorous physical exertion
- Bruises, scrapes and other injuries resulting from falling

Additional risks associated with my track to and from practices, meets and other activities related to my membership to the club.

By participating as an athlete/member of the Pearlgate Track and Field Club I am exposed to these risks. I agree to accept these risks and to release the organizers of responsibility for any injuries I might receive while participating during my membership year(s). In this agreement I understand organizers to be Pearlgate Track and Field Club coaches, executive members, meet officials, volunteers and other club members.

Please note that the Pearlgate Track and Field Club has a limited accident insurance policy with the City of Mount Pearl to cover all members.

ACKNOWLEDGMENT

I acknowledge having read and understood the terms of agreement, including the description of risks.

Name of athlete

Signature of athlete

Date

To be signed by Parent/Guardian if the athlete is a minor.

I acknowledge having read and understood the terms of this agreement, including the description of risks. I hereby consent to my child/ward's participation in the Pearlgate Track and Field Club.

Name of parent/guardian

Signature of parent/guardian

Date