



Run, Jump, Throw Summer Program 2011

Registration Form

For Office Use Only:

Week	Paid	Receipt #	Date
1) July 4 th - 8 th			
2) July 11 th - 15 th			
3) July 18 th - 22 nd			
4) July 25 th - 29 th			
5) Aug 1 st - 5 th			
6) Aug 8 th - 12 th			
7) Aug 15 th - 19 th			

Weekly Registration Dates:

- __ Week 1 - July 4th - 8th
- __ Week 2 - July 11th - 15th
- __ Week 3 - July 18th - 22nd
- __ Week 4 - July 25th - 29th
- __ Week 5 - Aug 1st - 5th
- __ Week 6 - Aug 8th - 12th
- __ Week 7 - Aug 15th - 19th

Participants Name: _____

Age: _____ D.O.B: _____ M.C.P: _____

Address: _____

Postal Code: _____

Email: _____

Mother's Name: _____

Telephone: _____(H) _____(W) _____(C)

Father's Name: _____

Telephone: _____(H) _____(W) _____(C)

In Case of Emergency Contact (if different from above):

Name: _____

Telephone: _____(H) _____(W) _____(C)

Doctor's Name: _____ Phone: _____

Please Indicate Any Medical Conditions:

Medical Release:

I, _____, hereby give consent for my son/daughter,
_____, to receive first aid care by a certified coach
on site and/or receive medical attention by a certified physician at a
medical institution . I waive Pearlgate Track & Field and its staff of any
injury sustained under supervision of PGTFC.

Photo Release:

I, _____, hereby grant PGTFC permission to use
_____’s image in good taste in promotional materials,
posters, websites and other merchandise. I release PGTFC from all
liabilities of any electronic or film image and or audio for advertising
purposes.

Parent(s)/Guardian Signature: _____ Date: _____