

**ATHLETE INFORMATION**

LAST NAME	FIRST NAME	M/F	DOB	GRADE
STREET ADDRESS	CITY, ZIP, CODE	SCHOOL		

**PARENT/GUARDIAN INFORMATION**

LAST NAME (PARENT 1)	FIRST NAME (PARENT 1)	CELL PHONE	EMAIL ADDRESS
LAST NAME (PARENT 2)	FIRST NAME (PARENT 2)	CELL PHONE	EMAIL ADDRESS
STREET ADDRESS (PUT SAME IF LISTED ABOVE)		CITY, ZIP CODE	HOME PHONE

**EMERGENCY CONTACT INFORMATION (IF PARENT/GUARDIAN IS UNAVAILABLE)**

LAST NAME	FIRST NAME	RELATIONSHIP TO ATHLETE
PHONE #1	PHONE #2	

**MEDICAL INFORMATION**

PHYSICIAN NAME	PHYSICIAN PHONE	PHYSICIAN ADDRESS/LOCATION
INSURANCE COMPANY	INSURANCE CO. PHONE	POLICY #/GROUP ID
LIST ALL CONDITIONS OR LIMITATIONS WHICH MAY AFFECT THE ATHLETES ABILITY TO PARTICIPATE IN THIS SPORT		
LIST ANY ALLERGIES TO MEDICATIONS		
IF YOUR CHILD MUST BE TAKEN TO A FACILITY, NOTE ANY PREFERRED FACILITY IN ADDITION TO NEAREST AVAILABLE		
DO YOU HAVE ANY SPECIFIC INSTRUCTIONS OR REQUESTS FOR THE HANDLING OF YOUR CHILD'S NEEDS?		

**HOW DID YOU HEAR ABOUT SANTA YNEZ YOUTH TRACK CLUB?**

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**JERSEY & SHORT SIZES (CIRCLE PLEASE)**

JERSEY SIZE	YS	YM	YL	YXL
SHORT SIZE	YS	YM	YL	YXL

**(Read Carefully Before Signing)**

In consideration of being permitted to participate in any way in the SANTA YNEZ YOUTH TRACK CLUB Program indicated below and/or being permitted to enter for any purpose any restricted area (herein defined as any area wherein admittance to the general public is prohibited), the Adult Participant, or the Parent(s) and/or legal Guardian(s) of the minor named below agree:

1. The Parent(s) and/or Legal Guardian(s) of the minor participant will instruct the (minor) participant that, prior to participating in the Santa Ynez Youth Track Club, he or she should inspect the facilities and equipment to be used and, if he or she believes anything to be unsafe, the participant should immediately advise the officials of such condition and refuse to participate. Likewise, the Adult Participant shall follow the above-mentioned guidelines. I understand and agree that, if at any time, I feel anything to be unsafe, I shall immediately take all precaution to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/We fully understand and acknowledge that: (a) There could be risks and dangers associated with participation in Santa Ynez Youth Track Club events, and activities could result in bodily injury, partial and/or total disability, paralysis or death. (b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe. (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others including, but not limited to, the Releases named below. (d) There may be risks not known to us or are not reasonably foreseeable at this time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused, and whether caused in whole, or in part of, by the negligence of the Releases named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the Santa Ynez Youth Track Club event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instruction to engage risk in this evaluation or loss control activities regarding the facility or events held at such facility and each of them, their directors, officers, agents, employees and coaches, all for the purposes herein referred to as "Releasee" FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next of kin FOR ANY CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING, BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. WE hereby acknowledge that the ACTIVITIES OF THE EVENT(S) MAY BE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED ALSO EXPRESSLY ACKNOWLEDGES INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASES.
6. EACH OF THE UNDERSIGNED further agree that the foregoing release, waiver and indemnity agreement is intended to be as broad an incisive as is permitted by the law of the Province or State in which the event is conducted, and that if any person is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian (s) for the minor participant, as well as the adult participant, executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent (s) and/or legal guardian (s) and/or Adult Participant will reimburse the Release for any money that they have paid to the participant on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

FACILITY: SANTA YNEZ HIGH SCHOOL

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PARENT OR GUARDIAN SIGNATURE (IF MINOR)

\_\_\_\_\_  
PRINT PARENT OR GUARDIAN NAME

\_\_\_\_\_  
2ND PARENT OR GUARDIAN SIGNATURE (IF NECESSARY)

\_\_\_\_\_  
PRINT 2ND PARENT OR GUARDIAN NAME

ATHLETE NAME	EMAIL ADDRESS	AGE	DOB	GRADE
STREET ADDRESS	CITY, ZIP, CODE	PHONE #		
ANY OTHER INFORMATION WE MIGHT NEED?				