

Parental Permission and Registration Form NASHUA PAL GATE CITY STRIDERS

This is to certify that my child (please print), _____ has permission to try out and participate (if selected) in the Nashua Police Athletic League's (PAL) Striders cross country and road running program for the 2019 season. I accept and agree to comply with the mission statement and by-laws of the Nashua PAL Striders if my child is selected for the USATF Junior Olympic team. I further grant permission to the Nashua PAL Striders to transport my child to and from athletic activities, and further authorize the Nashua PAL Striders, its agents, coaches and or volunteers to obtain medical treatment for my child from any licensed physician or hospital in the event they deem in their sole discretion such treatment necessary as a result of my child's participation in the program including but not limited to cross country or road running or as a result of transportation to and from such athletic activities.

Assumption of Risk: I understand that competing in the sport of cross country or road running is a potentially dangerous activity. I verify that my child is physically healthy and able to train and compete in cross country and road running. I fully assume all risks associated with this activity. I waive and release the Nashua PAL Striders, its volunteers, coaches and all individuals associated with the Nashua PAL Striders cross country club from any and all claims of any type arising out of my child's participation in this program.

Please check the box below if there have been any illnesses, injuries or circumstances in your child's condition that you feel may affect his/her ability to participate in the Nashua PAL Striders cross country program. If checked, please specify below.

Date: _____ Parent or Guardian Name (please print) _____

Parent or Guardian Signature: _____

Address: _____
Street City State/Zip

Phone: (Home) _____ (Work/Cell) _____

Email (Please Print Clearly): _____

Emergency Contacts:

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Age, Gender Division, check one only: (Age as of December 31st)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Girls (7-8) | <input type="checkbox"/> Boys (7-8) |
| <input type="checkbox"/> Girls (9-10) | <input type="checkbox"/> Boys (9-10) |
| <input type="checkbox"/> Girls (11-12) | <input type="checkbox"/> Boys (11-12) |
| <input type="checkbox"/> Girls (13-14) | <input type="checkbox"/> Boys (13-14) |
| <input type="checkbox"/> Girls (15-16) | <input type="checkbox"/> Boys (15-16) |
| <input type="checkbox"/> Girls (17-18) | <input type="checkbox"/> Boys (17-18) |

Date of Birth: ____/____/____ If returning, USATF # _____

Age: _____ Height: _____ Weight: _____