

**Spirit Sprinters  
Registration Form  
2016 Spring Season**

This is a **FREE** program for 3<sup>rd</sup>-8<sup>th</sup> graders provided by the *Wellness Warriors*.  
Program includes: 8 week instruction, t-shirt, and 5K race registration.

Registration is on a first come, first serve basis, but every attempt will be made to place every child in the program.

**Registration:**

Participant Name (First & Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt Size (circle one): YM YL AS AM AL AXL

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Family Email:(very important for communication with coaches) \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Mother/Guardian's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Father/Guardian's Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Health Information:**

Allergies (Please list any/all allergies participant has experienced):  
\_\_\_\_\_

Medications (Please list any/all medications participant is currently taking):  
\_\_\_\_\_

Any special physical or medical problems: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Waiver of Liability:**

I am the parent or legal guardian of a minor ("Participant"). I agree that the Participant may participate in the Spirit Sprinters. I understand that during the program, the Participant will be involved in outdoor physical activities. Physical reactions to such exercise may include but are not limited to the following risks: heat-related illness, abnormal heartbeats and blood pressure, personal bodily injuries, and, in rare instances, more extreme reactions such as heart attacks and death (hereinafter collectively referred to as "personal injuries"). While Spirit Sprinters takes all reasonable precautions, we can make no guarantees regarding these and other risks. Recognizing the risks of the program, and in consideration for allowing the Participant to participate in the program, I hereby waive, release, discharge, covenant not to sue, and agree to hold harmless, and to indemnify Spirit Sprinters, Catawba Indian Nation, and the Wellness Warriors (and including but not limited to its directors, officers, coaches, volunteers, contributors, employees, sponsors, agents and assigns) against and from any and all claims, causes of action, demands, damages, and liability by or on behalf of me or the Participant related to the program (including but not limited to the 5k race), specifically including but not limited to any and all claims for personal injuries sustained while participating in program activities, regardless of whether caused by any negligence or gross negligence of Spirit Sprinters, Catawba Indian Nation, or the Wellness Warriors (and including but not limited to its directors, officers, coaches, volunteers, contributors, employees, agents and assigns). I hereby acknowledge that participation in the program involves a risk of personal injuries, and the undersigned and the Participant hereby assume the full responsibility and risk of such personal injuries. I understand that it is my responsibility to alert the appropriate individuals at Spirit Sprinters of any special needs or medical issues related to the Participant.

**Consent to Medical Care:**

I hereby authorize Spirit Sprinters, the Catawba Indian Nation and/or the Wellness Warriors, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any physician or surgeon who may treat the Participant, and consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care, to be rendered to the Participant by any health care professional who may treat the Participant. I agree to pay for any such treatment and to reimburse Spirit Sprinters for all costs and expenses it may incur related to such treatment.

**Permission to Share Information**

I agree to allow the Catawba Indian Nation and the Wellness Warriors to share information about the Participant with each other and with outside entities. Information to be shared includes but is not limited to name, birth date, age, grade in school, gender, address, name of parent, email address of parent, and phone number of parent. Information will be shared with but not limited to the following outside entities: Catawba Cultural Center, Catawba Nation 5k River Run, and Road Runners Club of America.

Participant's Name (please print): \_\_\_\_\_

Parent or Guardian's Name (please print): \_\_\_\_\_

Signed by Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Spirit Sprinters is a member of the Road Runners Club of America and Kids Run the Nation.