

Participant Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code County*

Age: _____ **Gender:** _____ **Entering Grade:** _____ **School:** _____

Home Phone: () _____ Alternate Phone: () _____

Medical Information

Medical Conditions: _____

Current Medications: _____

Allergies: _____

Primary Parent/Guardian Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Secondary Parent/Guardian Contact Information

Full Name: _____
Last First M.I.

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

T-Shirt Size

Please circle ONE SIZE for the youth participating in the series!

YOUTH Medium YOUTH Large ADULT Small ADULT Medium ADULT Large ADULT X-Large

Consent Form

Will your child be running up an age group this season? (circle one) YES NO (See guidelines for rules)

I hereby grant permission for my child _____ to participate in the 2016 Grant County Youth Cross Country Series. I understand that participation includes such risks associated with strenuous exercise and my child is medically able to participate in this program. I further understand that participation includes running on uneven and unimproved terrain in wooded and hilly areas. I understand there are other risks involved in such participation and agree not to hold Team Kentucky, Grant County Cross Country, Williamstown Cross Country or any of their affiliates responsible for any illness or injury sustained by my child as a result of their participation. *I also understand that in order to participate that I must provide adult supervision for my child at the race series.*

By checking the box, I grant permission for my child to be photographed and/or filmed for promotional or media reasons.

Parent/Guardian Name Printed _____

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

Official Use Only: PAID _____ Check Number _____ Cash _____ Initials _____