Westwood Track Club "HS+" Registration 2019

Family Last Name: _____ Date: _____

Athlete's Name: _____ *Age:* _____

Athlete's Name: _____ *Age:* _____

Clinic Options:

☐ M, T, Th mornings 6:30-7:45

Parent/Guardian Information

Name: _____

Email Address: _____

Phone Number: _____

Home Address: _____

Town/Zip Code: _____ *(if not Westwood)*

Medical Information (allergies, asthma, recent injuries, health conditions, other):

_____

_____

_____

Emergency Contact Info. (name & number): _____

I understand that promotional pictures and videos will be taken during club events. I give permission for my son's/daughter's picture to be used for promotional materials (local newspapers, website, calendars, brochures, PowerPoint, slideshow, etc.) in highlighting the club. PLEASE NOTE THAT NAMES WILL NOT BE USED.

☒ I agree. ☒ I do not agree. Signature: _____

By registering for Westwood Track Club, I release Westwood Track Club Coaches, Westwood Track Club Staff, and additional coaches/volunteers from any and all liabilities and waive all claims against them.

☒ I agree. ☒ I do not agree. Signature: _____

Please submit this form and your payment ($99) to:

Westwood Track Club P.O. Box 371 Westwood, MA 02090

www.trackclinic.com