

LUX VIRIDI ATHLETIC CLUB REGISTRATION FORM

NAME _____ M/F _____

ADDRESS _____

CITY, STATE _____ ZIP _____

PARENT'S NAME _____

HOME PHONE _____

EMERGENCY PHONE _____

EMAIL ADDRESS _____

USATF MEMBER NUMBER _____

AGE _____ DOB _____

SCHOOL _____ GRADE _____

COACH _____

PERSONAL BEST _____

HEIGHT _____ WEIGHT _____

MEDICAL CONCERNS _____

INFORMED CONSENT AND RELEASE

I hereby grant myself/my child to attend Lux Viridi Athletic Club practices and events. I verify that I/my child has had a physical exam in the past year and is capable to participate in the activities related to pole vaulting. I agree to indemnify, hold harmless and defend the Lux Viridi Athletic Club, their coaches, and facilities they use including Harvard University, their agents, employees and sponsors from any and all liability for injury to myself or my child as well as any damage caused by myself and/or my child. I understand that track and field, and in particular, pole vaulting are potential dangerous activities and could pose risk to injury. Should medical attention be necessary, I hereby authorize any physician or trainer selected by club personnel to conduct medical or surgical procedures.

PARTICIPANT SIGNATURE

PARENT/GUARDIAN SIGNATURE