



## REGISTRATION FORM

**First Name - Athlete:**

**Last Name - Athlete:**

**Date of Birth:**

Athlete Age - as of 12/31/2021 **(Circle One)**

- 6 - 8 (2013,2014,2015)
- 9 - 10 (2011-2012)
- 11-12 (2009-2010)
- 13-14 (2007-2008)
- 15-16 (2005-2006)
- 17-18 (2003-2004)

Athletes Event(s) - (Not Mandatory):

Upload Birth Certificate (NEW Athletes Only) :

Please list any physical limitations (allergies, etc.) :

First Name - Parent (Guardian) 1 :

Last Name - Parent (Guardian) 1 :

Email Address - Main Guardian :

Cell Phone Number :

Main Guardian/Athlete Mailing

Address \_\_\_\_\_

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First Name - Parent/Guardian #2 (If Applicable) :

Last Name - Parent/Guardian #2 (If Applicable) :

Email - Parent/Guardian #2 (If Applicable) :

Cell Phone - Parent/Guardian #2 (If Applicable) :



## WAIVER AND CONSENT FORM

I hereby agree to participate as a team member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in the designated sport and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

I understand that the Chatsworth Chiefs Track Club has implemented safety rules and precautions in order to mitigate the spread of COVID-19. However, those measures do not completely protect against the spread of COVID-19. I agree that I must comply with such rules and precautions which may include, but are not limited to, mask wearing, hand sanitizing, and social distancing. I acknowledge that even if I follow all directions, instructions, and rules and exercise utmost personal care, there will remain a certain irreducible inherent risk to me, and I accept that risk.

By signing this agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify, and the inherent risk of being exposed during practice to those who may be infected with COVID-19. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 during practice and that such exposure or infection may result in personal injury, serious illness, permanent disability, and/or even death.

In addition to giving full consent for my participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury or exposure to COVID-19 that may be suffered by me in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

**Chatsworth Chiefs Youth Track Club**  
(Name of Sponsoring Organization)

**Track & Field / Cross Country**  
(Designated Sport)



33-0799

