



2017 Cross Country Registration Information

OPEN TO ALL 2ND, 3RD, AND 4TH GRADE CHILDREN IN FLOYD COUNTY

REGISTRATION: In person: Aug. 5 (9AM-1PM) @ Community Park;
Online at <http://getmeregistered.com/NATC2017CC>

REGISTRATION DEADLINE: Aug. 5, 2017

FIRST PRACTICE: Week of August 14

MEET DATES:

Race 1	Thursday, August 31
Race 2	Thursday, Sept. 7
Race 3	Thursday, Sept. 14
Race 4	Thursday, Sept. 21
Preliminaries	Monday, Sept. 25
Championship	Thursday, September 28
Harvest Parade Run	Saturday, Oct. 7

REGISTRATION FEE: \$15 *(Includes all races and team shirt.)*

- *Open to only second, third and fourth grade students in Floyd County. Participants will practice at their respective elementary school as scheduled by each team coach.*
- *Course will be approximately 1 mile in length.*
- *Race locations will include Community Park in New Albany, downtown New Albany, and other locations in Floyd County.*
- *The NATC is looking for additional team coaches, volunteers and sponsors. Please contact us to learn more. Run@natrackclub.org*

The New Albany Track Club, Corp., is a 501c3 non-profit corporation with a mission to offer running opportunities to elementary students in Southern Indiana. Visit www.NAtrackclub.org to learn more.



STAFF USE ONLY	
Date Received:	_____
Check No.:	_____
Check Amount:	_____
Conf. Sent:	_____
Conf. Received:	_____

2017 Cross Country Registration Form

(Registration Fee: \$15)

Participant's Name: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone/Text: _____

E-mail: _____ Birth date: ____ / ____ / ____

Gender: (circle) Male Female T-shirt size: (circle) Y-S Y-M Y-L A-S A-M A-L A-XL

School: _____ Grade: (circle) 2nd 3rd 4th

Health Insurance Carrier: _____

Policy No.: _____ Group No.: _____

**Register online now at <http://getmeregistered.com/NATC2017CC>;
Or return completed paper registration form, signed liability waiver,
and \$15 payment at open registration @ Community Park August 5th
(9:00 am to 1:00 pm) or by mail postmarked on or before August 5.**

Make Checks Payable to:

New Albany Track Club P.O. Box 153 New Albany, IN 47151

Scholarships for entry fees and running shoes are available based on need. If you need financial assistance for your child to participate this season please contact your school's coach or contact the NATC directly at the email address below.

Would you be interested in helping in one or more of the following ways:

- Meet Sponsor Race Volunteer Sponsor a Runner (\$25)
- Assistant Coach Board Member Other: _____

For more information:
run@natrackclub.org • www.NATrackClub.org • facebook.com/NATrackClub • P.O. Box 153, New Albany



Amateur Athletic Waiver and Release of Liability and Assumption of Risk Agreement

Read before signing.

In consideration of being allowed to participate in any way in the New Albany Track Club, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant; and,
2. By allowing my child/dependent to participate in the New Albany Track Club activities, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for their participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my child/dependent, heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, ABSOLVE, AND AGREE TO HOLD HARMLESS New Albany Track Club, Corp., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I give permission for my images or the images of my child that are captured through video, photo or digital camera, to be used for the organizations purposes, including promotional material and publications, and waive any rights of compensation or ownership thereto.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I, AND ON BEHALF OF MY CHILD/ DEPENDENT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in this program as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES to the fullest extent permitted by law.

X _____
Parent's/Guardian's Signature

Date Signed _____
Emergency Phone No(s).