

COACHES CROSS COUNTRY EASTERN REGIONALS

CASH/CHECK PAYMENT

COST: \$10 PRE-REG. \$12 RACE WEEK

NAME _____ DOB: ___/___/_____

AGE _____ ZIP CODE _____ __MALE __FEMALE

E-MAIL _____ TEAM _____

RACE: __Sub-Bantam 8U (2014-2016) __Bantam 9-10 (2012-2013)

__Midget 11-12 (2010-2011) __Youth 13-14 (2008-2009)

__Intermediate/Young Men/Woman 15-18 (2007-2004)

WAIVER I know that competing in a XC Run can be a hazardous activity. I should not enter unless I am medically able and properly trained. Having read this waiver, I for myself and anyone acting in my behalf, waive, The Seashore Striders, The Seashore Strider Event Production, Inc., SandHill Fields and all sponsors from all claims and liabilities resulting in my participation in this event. I give permission for the use of my name and photograph in connection with this event. Signature of parent/guardian required for children under 18.

Signature _____

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MANDATORY WAIVER

ALL ATHLETES MUST HAVE A SIGNED WAIVER TURNED IN AT REGISTRATION IN ORDER TO COMPETE

WAIVER: I certify that I am a YES-Athletics member. I understand that competing in a cross country meet can be a potentially dangerous activity. I verify that my athlete is physically fit and has trained for this competition. I assume all risks associated with running this event including, but not limited to falls, contact with other participants, and all risks that normally occur in cross country meets. Having read this waiver, and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act in my behalf waive and release YES-Athletics, CCCNYC, KTCCCA, Blue River Memorial Park, the city of Shelbyville, Indiana, and all sponsors, officials and volunteers from all claims of any kind arising out of my participation in the Cross Country Coaches National Youth Championships on November 18-19, 2022.

_____ **Date** _____
Printed Name (Athlete) **Signature**

_____ **Date** _____
Printed Name (Parent, if athlete is under 18) **Signature (Parent, if athlete is under 18)**
MUST BE SIGNED BY PARENT OR GUARDIAN IF ATHLETE IS UNDER 18 YEARS OF AGE

Please note any medical conditions that CCCNYC should be aware of:

INDIVIDUAL YES-Athletics™ Membership & Waiver

ATHLETES: please submit this form to your club.

Club I.D. Number	Athlete's Number
Club Athlete Only	



As evidenced by the signature of the minor-participant's parent/legal guardian (below), it is requested by the parent/legal guardian, on behalf of their minor-participant, that their named minor-participant (hereinafter called "Member") be granted membership into Youth **ENDURO Sports, Inc.** (hereinafter called YES-Athletics), the membership program of Youth ENDURO Sports, Inc. in accordance with this and the following paragraph which are agreed to by the "Member" and Parent/Legal Guardian. The following paragraph is also agreed to by all adult participants (hereinafter called "Adults") who participate in Youth **ENDURO Sports, Inc.** programs and activities:

[Adults who participate in Youth ENDURO Sports, Inc. activities must complete and sign this waiver each time, before participating in the event.]

As a Member/Adult, I/we (on behalf of the minor below/on behalf of myself) understand and acknowledge there are risks inherent in athletic activities, and therefore freely accept those risks. In consideration of membership and such risks in YES-Athletics™, I/we acknowledge that the Member/Adult (named below) chooses to participate in activities at facilities designated by YES-Athletics™ and to use facilities (and practice areas), equipment and training designated by YES-Athletics™ clubs at the Member's/Adult's sole risk – and – the Member/Adult on his/her own behalf and on behalf of his/her heirs, executors, administrators and assigns (and parent/guardian on his/her own behalf and on behalf of his/her minor-participant, heirs, executors, administrators and assigns) hereby agree to completely release, discharge and to hold harmless YES-Athletics™, (including officers, staff, clubs, volunteers, officials, affiliates, sponsors and event coordinators / hosts) and the owners, personnel and sponsors of the practice areas and competition facilities and the sponsors of YES-Athletics™, Affiliate Clubs and Hosts. It is also agreed, YES-Athletics™ will be allowed by this Member/Adult and Parent/Guardian (if a minor) to use and reproduce this Member's/Adult's name and/or likeness (including photographs, video tapes, etc.) and/or information concerning this Member/Adult and to circulate the same for any and all purposes in any manner without obligation or liability to YES-Athletics™ or those affiliated with YES-Athletics™. The signature below also certifies that all information submitted for membership and participation is completely accurate and when submitted, shall become and remain the sole property of Youth **ENDURO Sports, Inc.** (YES-Athletics).

Member's (Participant's) Full Name		Gender (M/F)	Grade (K-12)	Date of Birth	Age
Individual's (Participant's) Home MAILING Address - including City, State & Zip Code				Area Code and Phone Number	
Email Address		Today's Date		Print Name of Parent/Guardian -or- Name of Adult Participant	
YES-Athletics Club Name: Select or Type Club Name (If no club, select "Unattached")		Parent (Guardian) Signature or -- Adult Participant			
Parent/Guardian Cell - Area Code and Phone Number		T-shirt Size (check one)			
() -		YOUTH : SM MD LG ADULT: SM MD LG			

Authorization for Emergency Care to Minor ▶ I / We the undersigned legal guardian of the minor listed below:

(Minor's Full Name) _____ Birth Date: ____/____/____

do hereby authorize x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State in which an injury occurs and hospital service that may be rendered to said minor under the general or specific consent of:

(temporary Custodian of the minor) _____ (If desired, leave this line blank until needed.)

[Adult who is Temporary Custodian of Minor]

-- whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a state licensed hospital. I/We (the undersigned legal guardian) also authorize the physician or dentist to call in necessary consultants, at his/their discretion.

It is understood this consent is given in advance of specific diagnosis or treatment being required, but is given to encourage those who have temporary custody of the minor, and said physician or dentist, to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. This consent shall remain effective until ---

12:00 midnight on July 31, 2023 ---- unless sooner revoked in writing, and delivered to said physician or dentist or to said persons entrusted with the custody, care and control of said minor child.

Full Name of Athlete (Minor)

X

Parent / Legal Guardian

X _____ Dated: ____/____/____
Witness [other than custodian(s)]

Attention Parents:

On the reverse side of this authorization, list all medications, allergies and health concerns that are relevant to the care of this minor.

Attention Clubs/Teams: A copy should be retained by the Club/Team and available at all events in case of an emergency.