



Track & Field Clinic Registration Form

Participant First Name: trilochan ddddd eeee Participant Last Name: bhatt dfdsfdaerwe

Nick Name: trbhattdf asfdrw

Age: 127 Grade Completed: A32

Have you run track or participated in a running sport before?

yesfdafdsaf

Address: jkhkjh asfasfsaf asfas

Email Address: trilochan@valuecoders.com

Parent/Guardian's Name: test Parents

Contact Phone Number: 855555888555

Alternative Contact (for emergency if you can not be contacted): 324234265555

Name/Relationship: Fatherfsa asfasfas

Phone Number: 34234277777777777777

Please describe any medical issues or special requirements:

gjjhggjhfas fas

I give my permission for trilochan ddddd eeee bhatt dfdsfdaerwe to take part in A Chance to Run Track & Field Clinic. This participant, to the best of my knowledge is in good physical condition and has no known conditions that may cause a health risk to themselves or another participant. I understand that Track & Field and other outdoor activities have an inherent risk factor, and that all appropriate precautions will be taken for the participant. I give my permission to A Chance to Run and its volunteers and/or hospital staff to administer proper medical assistance to the the above named participant. I agree to release and hold harmless A Chance to Run, its volunteer's and benefactors from liability for all claims, including but not limited to, claims caused by or arising out of bodily injury or property damage resulting in any way from my participation in this Track & Field Clinic. I understand that there is no affiliation with Sarasota County School System.

Parent or Legal Guardian: _____ Date: _____

How did you hear about the clinic?

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