



# YOUTH REGISTRATION FORM

Port City Track Club  
P.O. Box 12322  
Wilmington, NC 28405

## INFORMATION

Registration Type: New Member ☐ Registration Received On: \_\_\_\_\_  
Returner ☐

### ATHLETE INFORMATION

First Name: \_\_\_\_\_ Last: \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth:    /    /    Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Gender: ☐ Male ☐ Female Current School (if any): \_\_\_\_\_

### GUARDIAN INFORMATION

Guardian Name: \_\_\_\_\_  
Relationship to Athlete: \_\_\_\_\_ Other: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address (if different from student): \_\_\_\_\_

Guardian Name: \_\_\_\_\_  
Relationship to Athlete: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Home Address (if different from student): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_  
Relationship to Athlete: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MEDICAL INFORMATION

Does the athlete have any allergies? ☐ yes ☐ No  
If yes, please list: \_\_\_\_\_  
Does the athlete have any medical conditions we should be aware of? ☐ yes ☐ No  
If yes, please specify: \_\_\_\_\_

### PHOTO/MEDIA CONSENT

I understand and agree that The Port City Track Club has my permission to take, use, and publish my track and field/club photographs, digital images, and video images for official Club uses.

- ☐ I consent to the use of my photo for club purposes  
☐ I do not consent to the use of my photo for club purposes

**MEDICAL ACKNOWLEDGEMENT/WAIVER: PARENTAL/GUARDIAN CONSENT AND RELEASE FORM**

I am the parent/legal guardian of \_\_\_\_\_

By my signature, I hereby give my consent for the above-named child to participate in practices, track meets, road races, travel, and other activities sanctioned, sponsored, and/or attended by The PORT CITY TRACK CLUB (PCTC). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, USA Track & Field (USATF) and AAU (Amateur Athletic Union) documents when entering my child in any sanctioned events.

Should I (or my child) decide to withdraw from participation with The PCTC and its activities, I agree to notify the PCTC in writing, that I am withdrawing the above-named child and acknowledge that all REGISTRATION FEES PAID ARE NONREFUNDABLE.

Further, in consideration of my child being accepted in the PCTC, I hereby compensate and hold harmless The PCTC, Head Coach, PCTC Coaches, PCTC Staff, PCTC assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with my participation or travel to and from practices, track meets, road races or other activities sanctioned, sponsored and/or attended by the PCTC, USATF, and AAU.

The signee below represents that the above-named child's Medical History including allergies, medications being taken and physical impairments that will in any way affect the child's participation has been brought to the attention of The PCTC in writing on the Medical Acknowledgement/Waiver/Consent and Release form of The PCTC.

I understand my child will not be covered by insurance provided by The PCTC and that I either have my own major Medical Insurance Policy or, if not; I will cover the expenses of any injury.

By my signature, I represent that by signing, I am the person that I claim to be and in the case of the parent or legal guardian that such a relationship exist between the child and myself.

\_\_\_\_\_  
Print: Parent/ Guardian Name

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

\_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date:

OFFICE USE: REGISTRATION PAID ☐ USATF#

AAU#