

Landsharks JO Program 2009

Athlete's Name _____ DOB _____

Second Athlete _____ DOB _____

Parent's Names _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Registration Fees:

Training & Competing with the team	\$70	_____
Training on your own & Competing with the team	\$35	_____
Purchase Singlet Size: _____	\$25	_____
Borrow Singlet (return at end of season) Size: _____	\$10	_____
Landshark Gray Hoodie Size: _____	\$25	_____
	Total Due	_____

Please note and sign: I hereby give permission for my child to participate in either of the LandShark's Fall XC Running Programs. I hereby release the Land Sharks, its employees and volunteers from all claims from illnesses and injuries which may be sustained by our child and authorize the director or his designee to select a hospital and physician of his choice to authorize treatment of the above named participant(s) on an emergency basis in the event such treatment becomes necessary while attending the Land Shark's Fall XC practices or event attended.

Parent or Guardian

Date

Please be sure to get your USATF and/or AAU memberships online prior to the deadline!