

FCA Cross Country Registration

Athlete's Name: _____

Athlete's E-mail Address: _____

Athlete's Cell Phone: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Parent(s) Cell Phones: _____

Cell Provider*: _____

Parent E-mail Address(es): _____

School: Home Private (select or circle one)

School Name: _____ Grade: _____

Church Affiliation: _____

Athlete Date of Birth: _____

Athlete Experience: _____

** Cell Provider information is used for emergency notifications (weather, late schedule changes) text messaging to players and parents. By providing your cell phone provider/carrier information you consent to receipt of emergency text messages from FCA coaches and staff. FCA is not responsible for text (SMS) message charges from these notifications.*

**** All new players should submit a copy of the player's Birth Certificate with the completed registration form. ****

Liability Release

High School or middle school cross country is a competitive, physical sport. Unfortunately, injuries do occur regardless of the program or diligence of the staff, as can be seen at every level of the sport.

By signing this Liability Release, I acknowledge a full understanding of the physical and emotional demands necessary to run cross country, and expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or un-known to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities including (without limitation) travel to or from said activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

(Must be signed by all parents/legal guardians)