

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**(READ BEFORE SIGNING)**

In consideration of \_\_\_\_\_, my minor child/ward. (I/my child), being allowed to participate in any way in the track and field program, related events and activities.

**CHARLOTTE FLIGHTS TRACK CLUB**

The undersigned acknowledge, appreciates, and agrees that:

1. The risk of injury to my child from activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE negligence OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and,
4. I, myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person to property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all liabilities incident to my involvement or participation in the programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**IMAGE RELEASE**

In consideration of \_\_\_\_\_, my minor child/ward being allowed to participate in any way in the Charlotte Flights Track and Field program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in our outlet used to promote or publicized the sports program.

**CODE OF CONDUCT AGREEMENT**

I have read and discussed with my child the code/rules of conduct and the athletes'/parents' responsibility.

I agree to allow my child to participate as part of the Charlotte Flights Track and Field Club, abiding by all the code and rules of conduct.

I understand that I may withdraw my permission for my participation at any time.

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**

I have read the release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

**UNDERSTANDING OF RISK**

I understand that seriousness of the risk involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant. **I also understand that Charlotte Flights does not refund any fees once they have been paid.**

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date



**Registration Form 2018- 2019 Fall/Winter  
Athlete Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Athlete's E-Mail address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Athlete's Cell Phone \_\_\_\_\_  
Parent or Legal Guardian \_\_\_\_\_  
Cell Phone number(s) for group texting \_\_\_\_\_  
\_\_\_\_\_



I agree to allow my child to participate in the Charlotte Flights Track and Field Club program. My child will abide by the code of conduct, rules of conduct and athlete responsibilities. I agree to allow my child to participate in all club sponsored competitions. I understand that I may withdraw my permission for my child's participation at any time.

**All Registration Fees must be paid in full before an athlete can compete and represent Charlotte Flights Track Club!!!!!!  
No Refunds on registration Fees!**

Parent/Guardian (Print Name) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_  
CFTC Representative \_\_\_\_\_

**EMERGENCY INFORMATION & CONSENT**  
(One for Each Athlete)

Which school does your child attend? \_\_\_\_\_  
Father's Name \_\_\_\_\_  
If address is different from athlete  
Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
If address is different from athlete  
Address \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_

**Family Medical Insurance:**

Carrier \_\_\_\_\_ Group \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_  
Family Physician Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies (list) \_\_\_\_\_  
Serious Medical Condition \_\_\_\_\_

I/we hereby grant consent to any and all health care providers designated by The Charlotte Flights Track and Field Club, Inc. to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(Parent/Guardian Signature)