CHATHAM GOLD 2023

# Athlete Registration Form

**Section I. Athlete Information**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ \*USATF#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ \*USATF#:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ \*USATF#:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ cell □ home □ work □ other

Phone #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ cell □ home □ work □ other

Phone #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ cell □ home □ work □ other

Email address #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete(s) live with (provide name, relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency #’s (if diff from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health issues we should be made of aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete's Accident/Medical Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIFORM

Does your child need a uniform (top/bottom)? □ YES □ NO **(For those competing in meets)**

If so, what size? □ Youth Small □ Youth Med □ Youth Large

□ Men’s Small □ Men’s Med □ Men’s Large □ Men’s XL

□ Ladies XS □ Ladies Small □ Ladies Med □ Ladies Large □ Ladies XL

*Athletes must wear black shorts to meets.*

*Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\* USATF membership is required to participate in Chatham Gold competitions.

# Adult Volunteer Information

**We are looking for:**

□ **Volunteer Coordinator** – coordinates the volunteers

Name of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Sign In/Sign Out helpers** - responsible for checking athletes in and out of practice

Name of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Under 8 group helper** -help at practices with the athletes who are less than 8 years old;

Name of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Coach** - instruct throws, jumps or running events at practices

Name of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of interest/experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(none required)

□ **Track meet coordinator/helper –** assigned to various task(s) at a track meet

Name of volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Permission, Release of Liability and Medical Treatment Authorization

I, the undersigned, give permission for the above named athlete to participate in all activities of Chatham Gold Track & Field. I acknowledge in signing this form that I am familiar with this

program and I acknowledge that I am unaware of any injury, illness or condition which would prevent the above-named athlete from participating in this program. If there is any condition

or problem, which I believe the Morris Memorial Association should be aware of, I have attached an additional sheet to this form to describe the condition. I hereby acknowledge that

there are certain risks associated with the sport of Track & Field. In the event the above-named athlete is involved in an accident, or becomes ill and I am not present, I authorize the

Morris Memorial Association, its agents, and/or volunteers to obtain emergency medical care as deemed necessary by them to provide for the individual safety and well being of my child.

I understand that individual Health and Accident Insurance covering the above named athlete is my responsibility. Furthermore, I waive and release all officers, agents and volunteers of

Chatham Gold, the Morris Memorial Association and the Chatham School District from all claims and liabilities arising out of the above named athlete's participation in Chatham Gold,

even though that liability may arise out of the negligence or carelessness on part of the persons and parties named in this Release.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian)

Please attach registration fee payable to: **Morris Memorial Association**

**Mail to: P.O. Box 184, Chatham, NY 12037, or drop off at the Morris Memorial**

Municipality you reside in: (check one)

□ Village of Chatham (Town of Chatham) □ Town of Austerlitz

□ Village of Chatham (Town of Ghent) □ Town of Canaan

□ Town of Chatham □ Town of Kinderhook

□ Town of Ghent □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_