



## REGISTRATION, WAIVER & MEDICAL INFORMATION

Participant \_\_\_\_\_ Name of \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: (M) (F) T-Shirt Size (circle one): YS YM YL AS AM AL AXL 2XL

Participant's Classroom Teacher \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **Participant's Emergency Contact**

First Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone Number(s) of First Contact \_\_\_\_\_

Second Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone Number(s) of Second Contact \_\_\_\_\_

The following adults have permission to pick up my child after Running Club: \_\_\_\_\_

### **Participant's Medical Information:**

Does the participant have any medical, physical, or any other condition of which we should be aware? \_\_\_\_\_

Does the participant have any allergies? Food allergies?? \_\_\_\_\_

Are there any specific procedures, medications, etc. that our staff should be alerted to? If so, please specify in detail in the space below. \_\_\_\_\_

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## Participant Waiver:

I understand that both minor and serious accidents occasionally occur during after-school activities and sport training and events, and that participants may sustain injuries as a consequence thereof. I hereby attest that my child is physically able to participate in this program and the final road race. I assume all risks associated with this program and the road race (including, but not limited to falls, contact with other participants, weather conditions, etc.)

By permitting my child/ward, \_\_\_\_\_, to participate in the program and the road race offered by GO FAR, I hereby acknowledge that participation in the program's activities may involve risk of injury. I hereby release, indemnify, and hold harmless GO FAR, its program coordinators and coaches, officers and directors, employees, agents, volunteers, promoters, sponsors, any municipalities or other public entities, from and against any and all claims and liabilities arising from the training program and the subsequent event.

Understanding all of the above, I give permission for my child/ward \_\_\_\_\_ to participate in the GO FAR program. I agree to pick-up my child/ward after each training session for the entire training period. I will make every effort to ensure that my child/ward attends every training session and participates in the road race at the completion of the program. By signing this release I also give permission to use photographs of my child/ward in newspaper articles, television spots, the school website, and the GO FAR website or to promote the GO FAR program.

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Signature of Parent

Date

## Code of Conduct:

- Have Fun!!!
- Be safe
- Use appropriate language at all times
- When inside the school - walk and speak quietly
- Be respectful of others - club participants, parents, teachers, and coaches
- Respect the school building and grounds - clean up after yourself



I, \_\_\_\_\_, promise to honor this Code of Conduct with good behavior. I realize that violation of this contract by me will result in consequences such as not being allowed to participate in the GO FAR Running Club.

If I choose to break the code of conduct, I will receive the following consequences:

1. Warnings (maximum of three warnings given to student)
2. Parent will be contacted (maximum of three)
3. Dismissal from Running Club
4. Certain disciplinary infractions, including fighting and other major offenses, will result in an automatic dismissal from Running Club

I understand that any act that is considered dangerous to participants or coaches is grounds for immediate suspension/dismissal. THE GO FAR CLUB COACHES RESERVE THE RIGHT TO SUSPEND A STUDENT FROM THE GO FAR TRAINING AND EVENT.

I understand the information stated in this Participant Waiver and Behavior Contract and have discussed it with my parent.

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Signature of Child

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Date

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Signature of Parent

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Parent/Guardian Name (Printed)