



Medicine Hat Panthers Track & Field Club CROSS COUNTRY 2019 Registration

Given Name: _____ Last Name _____

Address: _____ City: _____ Postal Code: _____

Date of Birth: _____ (day/mth/year) Country of Birth: _____ AHC#: _____

Doctors Name: _____ Doctors Phone #: _____

Health Issues/Allergies/Injuries: _____

Parents: _____ Shirt Size: _____

Home Phone: _____ Cell(s): _____

*please note that all cancellations or changes will be made through EMAIL.

Email: _____

Emergency Contact: _____

Emergency Contact Phone # _____

Medicine Hat Track and Field Publicity Waiver

In the event that the athlete has his/her name or photo published or publicly displayed or is videotaped, a signature granting permission is required. Medicine Hat Panthers Track and Field does utilize Facebook and Twitter – photos and videos may appear.

Athlete Name (print): _____

Signature of Athlete: _____

Signature of parent or guardian: _____ month _____ day _____ year _____

Medicine Hat Track and Field Club Waiver

I, the undersigned, understand and acknowledge that participating in the Medicine Hat Track and Field program and all activities might result in personal injury, property damage or loss and possible death. I assume all risks and hazards incidental to the conduct and transportation to and from activities.

I, the undersigned, do further hereby forever release, for myself, my heirs, and any person acting on my behalf, the Medicine Hat Track and Field club, coaches, assistant coaches, members, sponsors, society members, and volunteers, any or all of them, in the case of injury to the participant whether negligence or otherwise. I waive all claims appointed by them, I likewise waive any claim against any person transporting the participant to and from the activity.

Athlete Name (print): _____ Signature Athlete: _____

Signature of parent or guardian: _____ month _____ day _____ year _____

Panthers CROSS COUNTRY is open to interested athletes Adult – Born 2011.
***Exceptions may be made for Athletes born in 2012 who are previous outdoor track season athletes or those who have a keen interest. Please contact medhatpanthers@gmail.com**

CROSS COUNTRY SEASON - August 27th

19 sessions

Dependant on Weather + Youth Cross Country Provincials Date

Tuesday and Thursday 6-7:15

Kin Coulee Park – primary training space

Panthers Cross Country Fee – all age groups: \$135

Includes Athletics Alberta XC Membership Fee

Volunteer Commitment

All parents/guardians are required to fulfill at least **ONE** volunteer commitment throughout each indoor/outdoor session. A **\$50 cheque** is required at time of registration and will be returned to you at the end of the season if volunteer commitment was met.

Citizenship: _____

Athletics Alberta #: _____

Are you training or participating in any other sport or physical activity during this Panthers season? If yes, what days, time commitment and sport/activity?

Is there anything specific that TRACK can help achieve in your Sport/Activity?

Do you have a specific GOAL/ objective/event for training with Panthers? We want to be able to help you work towards your goals.

PARENTS AND GUARDIANS CODE OF CONDUCT

(As extracted from the Athletics Alberta Code of Conduct and Ethics Policy)

In addition to section 7 (above), parents and guardians will have additional responsibilities to:

- a) Encourage good sportsmanship by demonstrating positive support for all athletes, participants, coaches, and officials at every competition, practice or other youth event.
- b) Place the emotional and physical well being of the child ahead of a personal desire to win.
- c) Insist that each child participates in a safe and healthy environment.
- d) Require that the child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Conduct.
- e) Support coaches and officials working with the child, in order to encourage a positive and enjoyable experience for all.
- f) Demand a sport environment for the child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- g) Make every effort to ensure that the sport is fun for the child.
- h) Ask the child to treat other athletes, participants, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- i) Help the child enjoy the youth athletics experience by providing assistance when possible, such as being a respectful fan, assisting with coaching, or providing transportation.
- j) Make a commitment to volunteer and assist the sport system when asked or needed.

Parent/Guardian X _____ Date: _____

CANADIAN ANTI-DOPING PROGRAM (CADP)

Athletics Canada has adopted the 2009 Canadian Anti-Doping Program (CADP), which is the set of rules that govern doping control in Canada. Administered by the Canadian Centre for Ethics in Sport (CCES), the CADP applies to members of Athletics Canada and participants in Athletics Canada sanctioned activities. All members of Athletics Canada, whether in the role of athletes or athlete support personnel, are subject to the CADP. By signing below, I acknowledge that I am a member of Athletics Canada and I am aware that the CADP applies to me and I consent to its application to me. For further information, please visit the Athlete Zone on the CCES website <http://cces.ca/athletezone>

X _____ Date: _____

REFUNDS: Athletics Alberta membership fees are NON refundable. Registration fees are non refundable after Aug. 23rd unless approved by executive.

Registration Fee received: Cash Chq # _____
Volunteer Commitment received: Chq # _____

