**This box is for meet management to fill out only

MEET ID #

_____

Roosevelt All-Comer's TRACK & FIELD Registration Form

PLEASE PRINT NEATLY

Participant's Name_____

Gender_____Age_____Grade_____

Phone_____

Email_____

Address_____City_____ Zip_____

All participants or parents must sign the following release. I/We realize no insurance coverage is provided for the participants who will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in above-named program/meet. Furthermore, I/We will not hold Roosevelt Coaches or staff/Roosevelt HS/CNUSD School district employees, volunteers or anyone otherwise involved in named programs responsible for any accident or injury that might occur. I/We understand that our participation in these track & field events can result in serious injury and or death and participate at our own risk. Participants grant Roosevelt HS T&F team permission to use photographs, other recordings or personal data for legitimate purposes.

School/Club Team _____

Participant/Parent Signature _____ Date_____