

## Lake Cities XC Developmental Program Registration Form (Please print clearly)

Athlete's Name: \_\_\_\_\_ Date of Reg: \_\_\_\_\_

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

City and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Grade and School: \_\_\_\_\_

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_  
First name and cell phone # First name and cell phone #

Preferred e-mails for all club communication: \_\_\_\_\_

**Training Season Fee:** (Make checks payable to Lake Cities XC or pay online at: [www.lakecitiesxc.org](http://www.lakecitiesxc.org))

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|--|---|---|
| <input type="checkbox"/> <b>Cross Country: \$375</b><br><small>(Cross Country online: \$385)</small> | <input type="checkbox"/> <b>Spring Season: \$375</b><br><small>(Spring Season Pay Online \$385)</small><br><input type="checkbox"/> <b>Add For Spring 10K Training: \$100</b> | <input type="checkbox"/> <b>Summer Season: \$375</b><br><small>(Summer Season Pay Online \$385)</small><br><input type="checkbox"/> <b>Summer Distance Track: \$475</b> |
|--|---|---|

**Uniform and warm up orders:**

Competition singlet & shorts	YS YM YL AS AM AL
Overshorts (guys) sofie (girls)	YS YM YL AS AM AL
Warm Ups (Mandatory)	YS YM YL AS AM AL
Sweats: Hoodie	YS YM YL AS AM AL
Pants	YS YM YL AS AM AL
T shirt size:	YS YM YL AS AM AL

**Waiver/Athlete's Release**

I, \_\_\_\_\_ understand that I am joining an organization that actively participates in distance track and field, road racing and cross country competition within both the State of Texas and in other states within the United States of America, and on behalf of myself, my heirs, executors and administrators, in consideration of my participation in Lake Cities XC or Lutz Running, I hereby waive all claims against such and release and hold harmless all officers, coaches, volunteer parents and other host member athletes from and against any and all claims, damages, liabilities, causes of action, losses, costs and expenses, including reasonable attorney fees arising out of or in connection with any scheduled competitive event, including practices, both group and individual, including death, personal injuries or loss thereof, damage to or loss of property which may be the result of negligence or wrongful conduct on the part of Lake Cities XC, Lutz Running, or any sponsor, host or affiliate thereof. I attest that I have read this waiver and fully understand the above stated terms and I am of legal age. If I am not of legal age, my parent or authorized guardian has also signed on my behalf. Parent/Guardian - I represent that I am the Athlete's parent or authorized guardian and do consent for this stated Athlete to participate in all scheduled events and practices and I do fully understand the Athlete's Release and agree on behalf of Athlete's heirs, successors and administrators and for Athlete's legal representatives to be bound by the terms thereof.

/	/	/	/
Athlete Signature	Date	Parent or Authorized Guardian Signature	Date

**ADMINISTRATIVE USE ONLY**

Birth Certificate Y N     **Payment:** Cash   Check   Online   Amount \$ \_\_\_\_\_   Check # \_\_\_\_\_