Lake Cities XC Registration
(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**
❑ Spring Season: $385

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		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 # _____