

NH THUNDER

CROSS COUNTRY REGISTRATION FORM 2020

This form may be mailed with \$35.00
payment to:

NH Thunder
PO Box 173
Strafford, NH 03884

Child's Name _____ Male ___ Female

Date of Birth ___/___/___ Age: 7 8 9 10 11 12 Grade _____

Shirt size: ___Adult S M L ___Child S M L

Street Address/PO Box _____

Town, State, ZIP _____

Home Phone _____ Mom Work Phone _____ Mom Cell Phone _____

Dad Work Phone _____ Dad Cell Phone _____

Parent/Guardian *Name & email* _____

PERMISSION AND VERIFICATION

I hereby give my son/daughter/ward permission to participate in recreational sports and to go with the representative of NH Thunder on trips necessary as common. I understand that by their nature, competitive athletics may put students in situations in which serious, catastrophic, and, perhaps, fatal accidents may occur.

In the event the above named student is injured, you are authorized to render first aid and/or secure medical treatment, including ambulance service if necessary.

My son/daughter/ward has medical and hospitalization policy with _____

Policy Number _____

Does your student have any health limitations known to you that might be aggravated by any competitive sports participation?

YES ___ NO _____ If YES, please explain _____

Is your student allergic to penicillin and/or tetanus toxoid? YES NO

Other allergies _____

INJURY

Both the parent (or guardian) and the student will affirm by signature that each understands the following statement regarding their ability in the event of student injury:

It is understood by the student and his/her parent/guardian that NH Thunder assumes no liability for injuries incurred in NH Thunder sponsored athletics. *Any student injury must be reported to the coach before leaving the place of meet or practice in order that proper report is completed.* All medical, hospital, ambulance or other such bills shall be charged to the parent/guardian and shall be considered the financial responsibility of such parent/guardian.

I agree to the conditions concerning injury (above), participation, and insurance.

As parent or guardian of _____ I signify that the above information is acceptable and give full permission for him/her to participate and travel with the team during the entire season.

Parent/Guardian Signature _____ Date _____

I can volunteer to run with the kids during practice on the trails. ___YES ___NO

