

ADMINISTRATIVE USE ONLY: PAYMENT \_\_\_\_\_ INS \_\_\_\_\_ MEDS \_\_\_\_\_

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***Loudoun Special Forces Track Club  
Winter Track Registration Form 2005-2006***

**PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD YOU WISH TO REGISTER AND PRINT CLEARLY.**

***Participant Information***                      *Age: (as of 12/31/2005)* \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City/St/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

***Parent Information***

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Your primary email address(es), i.e. those we can use to send important notices to you:  
(DO NOT FILL IN IF YOU DO NOT USE EMAIL REGULARLY)

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

***Emergency Contact Information***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Insurance Information***

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***Medical Information***

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**General Health**

Please list any allergies, medications, or anything that could inhibit physical exertion.

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**Further Information**

Currently participating in the following sports (including level) \_\_\_\_\_

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Previously participated in the following sports (including level) \_\_\_\_\_

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**Registration Details**

Practice Days: Thursday 6-8.30pm (practice time dependent on age), Sunday 3-4.30pm (if there is no meet)

Dates: December 1, 2005 - February 26, 2006

Location: The Leesburg Armory, Stone Bridge HS Ashburn, Heritage HS Leesburg, and other locations.

Cost: \$99.

If, multiple children from the same family participate, the fee is \$75 for every additional family member  
Registration includes uniform, use of equipment & facilities, and coaching expenses. Nominal additional fees will be incurred for competitive event registration, travel, personal equipment and uniform if required.

**Payment Information:**

**Please make checks payable to:**

Special Forces Unlimited Inc.

I am registering \_\_\_\_\_ child at \$99

I am registering \_\_\_\_\_ child/children at \$75

Payment total \$\_\_\_\_\_

**Medical Waiver Information**

I hereby grant permission for my child \_\_\_\_\_ to participate in all running and conditioning activities (e.g., drills, plyometric training, etc.) of the Special Forces Track Club Winter Program. In the event of injury or illness, I hereby grant permission for the Special Forces Track Club personnel to handle any medical emergencies legally in the case that all emergency contacts cannot be reached. Furthermore, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor. I agree to assume all risks incidental to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify and agree to hold harmless Special Forces Unlimited Inc., Leesburg Armory, its officials, sponsors, supervisors, board members and persons managing my child.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed form, check for payment made out to Loudoun Special Forces Track Club to Richard Hayden, 20388 Altavista Way, Ashburn, VA 20147.**