

# LAS VEGAS ELITE RUNNERS

## Interest Only Form **No fees due at this time**



This allows the athlete 5 days of training with the team before making a decision to join or not.

Check:  Track & Field  Cross Country Date of Birth: 

MM	DD	YYYY
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Athlete Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Name of Parent(s) or Legal Guardian(s):

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Start Date: \_\_\_\_\_ Practice Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

### Uniform Sizes (please circle):

Uniform Jersey Youth - (XS) (S) (M) (L) (XL) Adult - (XS) (S) (M) (L) (XL)

Uniform Shorts Youth - (XS) (S) (M) (L) (XL) Adult - (XS) (S) (M) (L) (XL)

T-shirt Youth - (XS) (S) (M) (L) (XL) Adult - (XS) (S) (M) (L) (XL)

### Track and Field

Warm Up Jacket Youth - (XS) (S) (M) (L) (XL) Adult - (XS) (S) (M) (L) (XL)

Warm Up Pants Youth - (XS) (S) (M) (L) (XL) Adult - (XS) (S) (M) (L) (XL)

### Cross Country

Hoodie Youth - (XS) (S) (M) (L) (XL) Adult - (XS) (S) (M) (L) (XL)

Sweatpants Youth - (XS) (S) (M) (L) (XL) Adult - (XS) (S) (M) (L) (XL)

Parents are responsible for getting their child's footwear for meets and practices (racing flats and/or racing spikes and comfortable running shoes).

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name of Parent/Legal Guardian Parent/Legal Guardian

**Do not write below this line**

USATF Membership  Health Record  Birth Certificate Date Received: \_\_\_\_\_

Address: P.O. Box 92874  
Henderson, NV 89009-2874

Phone Number:  
702-612-7276

Email Address:  
readysetgo@lasvegaseliterunners.org

# LAS VEGAS ELITE RUNNERS

## HEALTH RECORD



Athlete Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date : \_\_\_\_\_

**Mandatory Sports Physical** - Attach completed **Clearance Form**. Athlete cannot practice or compete if not cleared by your physician. The physician's signature and physician's stamp must be on the Clearance form.

Name and address of the doctor who performed or will perform the physical:

\_\_\_\_\_  
\_\_\_\_\_

List known allergies to medications or food: \_\_\_\_\_

Special or prescription medications or pertinent information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List restriction(s) or medical condition(s) that may affect practice or competing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact (friend or relative): \_\_\_\_\_ Phone# \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

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## HEALTH RECORD



### Emergency Authorization to Treat a Minor

I (we) the undersigned parent, parents, or legal guardian of: \_\_\_\_\_  
Print Name of Child/Athlete

*In case of an emergency, I hereby give permission to the emergency room physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child ONLY if I or the person or persons named herein cannot be contacted.*

*As parent or legal guardian of the applicant, I am in favor of him/her attending team functions and accept the conditions named. The health history stated is correct and the person herein described has permission to engage in all prescribed team activities except as noted. In addition, I have read and understand the Emergency Authorization to Treat a Minor and give my full consent to terms found therein.*

**Emergency Contact:** (Print Name) \_\_\_\_\_

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

**Parent/ Guardian(s) Contact:** (Print Name) \_\_\_\_\_

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

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name of Parent/Legal Guardian Parent/Legal Guardian

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name of Parent/Legal Guardian Parent/Legal Guardian

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## PHOTOGRAPHY RELEASE



I hereby authorize Las Vegas Elite Runners, to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in Las Vegas Elite Runners print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Las Vegas Elite Runners from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Las Vegas Elite Runners to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in the organizations marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Las Vegas Elite Runners, its contractors, its employees and any third parties involved in the creation or publication of company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

### Authorization:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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