



CROSS COUNTRY REGISTRATION PACKET

All forms must be completed. Please do not leave questions blank. Enter N/A for non-relevant information. Athletes cannot compete until LVER has received and processed the registration packet. Thank you

Phone: 702-612-7276

Email: readysetgo@lasvegaseliterunners.org

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

LAS VEGAS ELITE RUNNERS

Cross Country

Competition Year



Athlete Name: _____

CHECK LIST

- Las Vegas Elite Runners Registration Form
- Annual Athlete Registration Fee - Enclose \$250 payment (*non-refundable*)
(This payment does not cover travel expenses to meets or invitationals. A separate check list will be provided, in advance, detailing projected travel expenses for the event. The athlete's expenses will be covered by fundraising, donations, sponsorships and the athlete's family.)
- USATF Membership - Enclose \$20.00 payment or
You may sign up and pay online: <http://usatf.org/membership>. Club# 466
Do not enclose payment if personally signing up and paying online
(Membership is annual: January - December. The National office does not prorate this fee.)

Health Record and Physical

Birth Certificate, copy

Athlete Bio

<input type="checkbox"/>	Athlete received:		Parent Initials	Staff Initials
	Uniform Jersey	Size _____	_____	_____
	Uniform Shorts	Size _____	_____	_____
	Hoodie	Size _____	_____	_____
	Sweatpants	Size _____	_____	_____
	T-shirt, long sleeve	Size _____	_____	_____
	Duffle bag		_____	_____
	Cinch sack		_____	_____

**Athlete is responsible for racing flats and comfortable running shoes.

ADMINISTRATIVE USE ONLY - Team #: 49-0466

Date Registered: _____ Registration: _____

Complete _____ Incomplete _____ USATF# _____

Notes: _____

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LAS VEGAS ELITE RUNNERS

Registration Form

Cross Country



Athlete Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

School _____ Grade _____

Date of Birth

MM	DD	YYYY
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Attach a copy of the Birth Certificate

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 _____

Annual Fees: \$250.00 Registration (non-refundable) \$20.00 USATF Membership

Uniform Sizes (please check):

Uniform Jersey	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Uniform Shorts	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
T-shirt, long sleeve	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Hoodie	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Sweatpants	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL

Print name of Parent/Legal Guardian Signature _____ Date _____
Parent/Legal Guardian

Do not write below this line

USATF Membership Health Record Birth Certificate Assigned Bag # _____
 _____ Uniform T-shirt (long sleeve) Sweats

Date Received: _____

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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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LAS VEGAS ELITE RUNNERS

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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LAS VEGAS ELITE RUNNERS

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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