

LAS VEGAS ELITE RUNNERS

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



Athlete Name:

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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