Vaulter Magazine - Vaulter Club inc. Pole Vault Registration Form – 2017 /2018 Season

Athlete's Name	Parent / Guardian's Name (if athlete is under 18)
Athlete's Email Address	Parent / Guardian's Email Address
Athlete's USATF Number Exp Date / /	Address
Height Weight	City, State, Zip Code
Age (as of Jan 1, 2017) Date of Birth / /	Home Phone # ( ) -
Athlete's Cell Phone Number	Parent / Guardian's Cell Phone Number ( ) -
School Attending Grade	Parent / Guardian's Work Phone Number ( ) -
Pole Vault Experience Personal Best New ___ Less than 1 Year ___ 1-3 Years ___ Other ____ _____ ft ____ in	Emergency Contact Name
Date of Last Physical	Emergency Contact Phone Number ( ) -
Any Medical Concerns (illnesses, allergies, previous or pre-existing injuries, etc.)	
Other Athletic Activities / Hobbies	

*I hereby grant permission for myself/my child to attend Vaulter Magazine - Va*ulter Club inc. *practices and events. I verify that I/my child has had a physical exam in the past year and is capable to participate in the activities related to pole vaulting. I agree to indemnify, hold harmless and defend the* Vaulter Magazine - Vaulter Club inc. *coaching staff, any other associated coach, our mentoring staff,* Temecula Valley Unified School District, Chaparral High School*, Murrieta Valley School District, Vista Murrieta High School, or any other pole vault practice or competition facility used by* Vaulter Magazine - Vaulter Club inc. *, their agents, employees and sponsors from any and all liability for injury to myself or my child as well as any damage caused by myself and/or my child. I understand that track and field, and in particular pole vaulting, are potentially dangerous and could pose risk of injury during the course of instruction or competition. Sports by their very nature pose the continuous threat of injury that no type of equipment can ensure against or prevent. Should medical attention be necessary, I hereby authorize any physician or trainer selected by club personnel to conduct medical or surgical procedures.*

I give my consent for emergency medical treatment of this minor in a licensed hospital by a licensed physician should his/her condition so require it in my absence. I understand that, in such a case, reasonable attempts will be made to contact me, time and conditions permitting. As long as the medical or surgical treatment is considered necessary in the situations in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment. I will be responsible for any medical or other charges in connection with attendance of this club.

Athlete's Name & Signature	Date / /
Parent / Guardian's Name (if athlete is under 18)	Date / /