



Athlete's Last Name: _____

SATT Registration 2013-2014

Athlete's Last Name	First Name
Date of Birth	Female/ Male
Mother's Name	Father's Name
Home Phone	Cell Contacts
Street Address	Postal Code
E-mail Address	Emergency Contact

Fees (check all that apply)

*Parents are asked to volunteer 3 times throughout the year at bingo/track meet (time) or pay \$100

Program	Fees	Meet Account (initial payment)	Volunteer	Office Use
Grades 4, 5, 6	\$200	\$75	Time or \$100	
Grade 7 and older	\$300	\$75	Time or \$100	

Cheques are payable to Stride Ahead Tough Track

Athlete's Last Name: _____

Medical Information

Manitoba Health #	PIN #
Medical Concerns	Allergies



PERMISSION TO PARTICIPATE IN TRACK AND FIELD EVENTS

In consideration of my son/daughter/me being permitted to join Stride Ahead Tough Track Athletic club, I, the undersigned _____, (insert name of parent or legal guardian or athlete's name if 18 years of age or over)

of _____, (insert athlete's name if under the age of 18) hereby release and forever discharge Stride Ahead Tough Track, its directors, officials, agents, and coaches, or assigns, of and from all manner of actions, cause of action, suits, claims and demands whatsoever against Stride Ahead Tough Track, its directors, officials, agents, coaches or assigns for any loss, injury or death to my son/daughter/me and his/her my property arising out of his/her/my participation in activities of Stride Ahead Tough Track Athletic club. I, the athlete/the parent and/or guardian of the above-name athlete, hereby consent to my/his/her participation in any or all club programs offered under the auspices of Stride Ahead Tough Track Athletic club.

Signature of Parent / Guardian / Athlete (if 18 years of age or over)

Date

Media Release – Please Initial

____ I give consent to Stride Ahead Tough Track to collect and use records of athletes' results, photographs, and video to celebrate and promote the accomplishments of Stride Ahead Tough Track, its athletes, and coaches.