



REGISTRATION FORM



www.temeculatimemachine.com

Year: _____ Cross Country /Track and Field (circle one) T-Shirt Size: _____

Athlete Name: _____ Phone #: _____

Email: _____ Date of Birth: _____ Gender: _____

Mailing Address: _____

City/Zip Code: _____

Mother's Name: _____ Mother's Cell #: _____

Father's Name: _____ Father's Cell #: _____

RELEASE AND CONSENT FOR MEDICAL TREATMENT OF MINOR

As the parent or guardian of the above named child, I voluntarily agree to participation in the Time Machine USA Track Club, Inc, practices and meets. We knowingly assume any and all risk of loss, damage to person, injury (including death), both foreseen and unforeseen from any cause whatsoever, including the fault of the Releasees. In the event of any injury to my child, I hereby release and hold harmless from any liability for damages or claims for personal injury, including death, libel, slander or defamation of character as well as for claims for property damage an all other possible courses of action, which may arise in connection with the above and against the President, Officers, Board of Directors of Time Machine, as well as any Time Machine members, Time Machine USA Track Club Incorporated in whichever corporate form it may take, USATF and AAU, and Time Machine Volunteers, resulting from or arising in connection with, or related to, my/our participation with the Time Machine. I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. Care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of this child.

List any medical problems or restrictions of athlete: _____

Insurance Carrier: _____ Plan # _____ Phone Number: _____

Emergency Contact (If Parent/Guardian Cannot be Reached):

Name: _____ Phone Number: _____ Relationship: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Parental Support is Mandatory – Please Circle How You Will Volunteer
Assistant Coach – Running Chaperone – Help organize kids at Track Meets – Uniforms -
Sponsorship/Fundraiser – Other: _____

HOW DID YOU HEAR ABOUT US? Friend – Social Media – Newspaper- Flier – Other: _____

TVTM Use Only

Division:	Paid Date	Amt. Paid \$ _____	Rec'd By:	Birth Certificate: Copy Attached To be submitted Verified by USATF/AAU
	Ck#	Cash?		