

# Spring Track & Field Session

## Mobile Parks & Recreation Department

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Registration Form

**Athlete's Name (Required):** \_\_\_\_\_

**Address (Required):**

Street: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Athlete's Date of Birth (Required):** \_\_\_\_\_

**Gender (Required):**

*(Select only one option)*

Male       Female

**Email:** \_\_\_\_\_

**Opt-in to receive text messages? (Required):**

*(Select only one option)*

Yes       No

**If yes, who is your cell phone carrier?:** \_\_\_\_\_

REGISTRATION FEE: \$35.00 Spring Session

**Divisions (Required):**

*(Select only one option)*

4 - 6

7 - 8

9 - 10

11 - 12

13 - 14

Practice Site: Herndon-Sage Park

Practice Schedule: Monday - Friday; 5:00 pm - 7:30 pm

Proof of age must be provided if not on file with the track and field program!

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Ex. Birth Certificate

Athletes and Parents Release: In consideration of this entry being accepted, I/we shall legally bound and release for myself, heirs, executors, and administrators and any claim for loss, injury, or damage which might occur while participating or traveling to or from this program and do hereby release the City of Mobile, AL, meet and program officials and others assigned from any claim.

I/we grant permission to the Meet Directors, Coaches, and Chaperones to act upon this athlete as a guardian/spokesman in granting permission for the use of emergency medical treatment, including anesthesia if necessary. I understand that should a health emergency arise, an attempt will be made to notify parents, but that authorization is hereby granted.

**Signature - Athlete  
(Required):** \_\_\_\_\_

**Signature - Parent  
(Required):** \_\_\_\_\_

**Parent/Guardian Phone # Home  
(Required):** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_