



## PCA Masters Registration Form 2022

### Athlete Information

Last Name:	First Name:	Gender:
Birthdate (M/D/Y)	Athlete Email (Optional)	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
		Phone:

### Parent/Guardian Information

Parent Name 1:	Parent Name 2:	Home Phone:
Mailing Address:		Cell Phone:
Residing Community:	Parent Email:	

### Health Information

Emergency Contact:	Phone:	Health Card Number:
Medical Conditions:	Medications:	Allergies:

**Permission to use son/daughter's photo for the website or other promotional activities?**      Yes      No

**WAIVER, CONSENT AND AUTHORIZATION**

In consideration of the PCRAS (the "Club") accepting my child's application as a participant in the above said program, I agree that my child will abide by the rules and regulations, policies and procedures of the Club in respect to the said program. I am aware of the possibility of health and safety risks associated with my child's participation in the activities and I freely accept all risks associated with his/her participation. I assume all risks incidental to such participation, and do waive, release, absolve, indemnify and agree to hold harmless, other than for willful default or negligence on their part, the Club, its officers, directors, employees or agents. I will notify the Club of my child's special medical condition or health history, if any. If the emergency contact person identified in this form cannot be reached and my child has an injury, accident or falls ill, I hereby authorize the Club to provide my child with or make arrangements for emergency medical treatment.

Signature	Date (M/D/Y)
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Membership Options	\$ Total
Outdoor Only: \$180	\$
<b>Total Fee</b>	<b>\$</b>

Sorry no refunds - Family rates available for full year membership only -

E-transfers accepted [pcatrackclub@gmail.com](mailto:pcatrackclub@gmail.com)

Please add name of athlete or small note in your e-transfer regarding your payment.