

**Laurel Knighthawks
2025 Track and Field Registration**

Runner Name: _____ Date of Birth: _____

Age as of August 1, 2025: _____

Grade: _____ **Expected Graduation Year:** _____

Runner Cell: _____ Runner Email: _____

Father Name: _____ Father Cell: _____

Father Email: _____

Mother Name: _____ Mother Cell: _____

Mother Email: _____

Uniform Jersey Shirt Size: ___(If you already have a jersey, you are not required to order another)

Date Fees Paid: _____ Cash / Check Number: _____

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Medical Insurance Coverage

Carrier: _____ Policy No.: _____

Allergies: _____ Date of Last Tetanus: _____

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Initial Where Appropriate:

_____ Runner has not graduated from High School.

_____ I agree to notify the Laurel Knights if my athlete drops below a C Average in any subject.

_____ Both the runner and Guardian(s) have read and agree with the Team Philosophy.

As parent/legal guardian of this child named above, I do hereby fully release and discharge Laurel Knights, its employees, agents, volunteers, servants, members and successors from any and all claims, demands, right, causes of action in law or equity, damages, expenses, costs of litigation and compensation of every kind whatsoever and including, without limitation, all liability for damages or injury of any kind, nature or description to person or property whether foreseen or unforeseen, direct or indirect, known or unknown, which may hereafter arise from or out of injuries and damages occurring during the aforesaid use of game/practice/camp facilities and/or during travel with the Laurel Knights track team, agree to indemnify and hold harmless Laurel Knights from same. Furthermore, I hereby give my permission to seek medical treatment in case of emergency and I assume the responsibility of all medical bills, if any.

Parent/Legal Guardian Signature

Date