

Laurel Knighthawks 2024 Cross-Country Registration



Runner Name:	Date of Birth:		
Age on September 1, 2024:	Expected Graduation Yea	r:	
Runner Cell: Player Email:			
Father Name:	Father Cell:		
Father Email:			
Mother Name:	Mother Cell:		
Mother Email:			
Will you be ordering a Cross-Country tank (top)?	YES: Size	NO	
Knighthawks Cross-Country uses the same uniform as Knighthawks Track & Field in an effort to minimize costs. If you have a Knighthawks tank (top) from most recent Track & Field season, you may wear it in lieu of ordering a new uniform. Shorts (bottoms) shall be solid black and be provided by the athlete (uniform order includes tank only).			
Medical Insurance Coverage:			
Carrier:	Policy No.:		
Allergies:			
Have you been prescribed an epinephrine injector? (e.g. Epi-Pen, Adrenaclick, Auvi-Q, Symjepi)	YES	NO	
Have you been prescribed an inhaler (asthma)? (e.g., Albuterol, Levalbuterol)	YES	NO	



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2024 Laurel Knighthawks Cross-Country Participant Name:		
Initial Where Appropriate:		
As parent/legal guardian of the child named above, I do hereby full Knighthawks, its employees, agents, volunteers, servants, membe claims, demands, right, causes of action in law or equity, damages compensation of every kind whatsoever and including, without limit injury of any kind, nature or description to person or property whether or indirect, known or unknown, which may hereafter arise from or occurring during the aforesaid use of game/practice/camp facilities Knighthawks Cross-Country Team, agree to indemnify and hold has same, Furthermore, I hereby give my permission to seek medical to I assume the responsibility of all medical bills, if any.	rs and successors from any and all and any expenses, costs of litigation and tation, all liability for damages or ther foreseen or unforeseen, direct but of injuries and damages and/or during travel with the Laurel armless Laurel Knighthawks from	
I have read, understood and concur with the above	liability / medical release.	
I hereby grant permission to The Laurel Knighthawks to post my ar other item, hereinafter referred to as "Materials", for Laurel Knighth social media accounts and print publications. I hereby release you, managers, members, officers, parent companies, subsidiaries, and demands arising out of or in connection with any use of said "Mate all claims for invasion of privacy, infringement of my right of publicit personal and/or property rights. I acknowledge and agree that no sas a result of the use and/or exploitation of the "Materials" or any right of the use and understood and concur with the above	nawks online media publications, your representative, employees, directors, from all claims and erials", including, without limitation, ty, defamation and any other sums whatsoever will be due to me lights therein.	
I have been provided access to the current season Cross-Country requirements, and policies stated within.	Handbook. I agree to the terms,	
I have read, understood and concur with the above	statement.	
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Parent/Legal Guardian Signature	Date	
Participant (if participant is age 18)	Date	



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Program Fees: Registration Fee*: \$80.00 per JV/Varsity athlete

\$60.00 per Elementary athletes

Insurance Fee: \$7.00 per athlete

Competition Tank**: \$17.00 per athlete

Make checks payable to: Laurel Knighthawks Track Club

Registration fees are estimated based on the cost to register for each meet divided by the number of participating athletes in the previous year. In the event that fewer athletes participate this year, additional costs may be incurred. In the event that more athletes participate this year, the excess proceeds will be used to purchase awards, fund year-end banquet and other cross-country expenses.

<u>Note*</u>: Registration fee does NOT cover entrance fee to the Southeastern Cross-Country All Stars meet. This meet is a post-season meet, and is only available to those that run qualifying times during the regular season. Expenses for this meet will be charged independently.

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