

Pole Vault Package: \_\_\_\_\_

www.explosionathletics.com



# 2009-2010 Registration Form

Athlete Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
USATF Membership Number: \_\_\_\_\_  
Do you have any allergies? (Yes/No) If yes, please list:

Are you on any medications? (Yes/No) If yes, please list:

Have you had any serious injuries/illnesses that we should be aware of? Please list:

## Registration Packages (Please circle one)

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Monday/Wednesday through Outdoor Season (until 5/26)	Monday/Wednesday through Indoor Season Only (until 3/10)	One day a week through Outdoor Season (until 5/26) (Please specify M or W)	One day a week through Indoor Season Only (until 3/10)(Please specify M or W)
40-45 sessions	20-24 sessions	20-24 sessions	10-12 sessions
Cost: \$700 (equals approximately \$16 per session)	Cost: \$400 (equals approximately \$18 per session)	Cost: \$400 (equals approximately \$18 per session)	Cost: \$225 (equals approximately \$20 per session)

## Club Practice Calendar

Check website for calendar  
Check website before coming to each practice in case of cancellation

### **Liability Statement:**

I hereby authorize the directors of Explosion Athletics Inc. to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Explosion Athletics Inc. I know of no mental or physical problems which may affect my child's ability to safely participate in this pole vaulting club. I will be responsible for any medical and other charges in connection with his/her participation with Explosion Athletics Inc. I have read the rules and regulations of the club and both the club member and I agree to abide. I hereby give Explosion Athletics Inc. permission to use any related photos of my child for club publicity.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: You may not participate unless parent or guardian has signed if you are under 18

Club Membership Form