

Florida Express Registration Form

Athlete

Name: _____
Birthdate: _____
Address: _____
School Attending: _____
Home Phone: _____ Cell Phone: _____
Athlete's Signature: _____

Parent/Guardian

Name: _____
Cell Phone: _____ Work Phone: _____
Address (if different than above): _____
Employed by: _____
Occupation: _____
Email Address: _____

Health Insurance Coverage

Name of Insurance Carrier: _____
Policy Number: _____
Effective Date: _____
Policy Holder's Name: _____
Relationship to Athlete: _____
Other Information: _____

Emergency Contact

Name: _____
Address: _____
Phone Number: _____
Phone Number (work or cell): _____

Release:

I acknowledge that this athlete has been examined by a physician within one year of the date of this form and is cleared to compete in the athletic activities of this club. I do hereby give my consent for the above athlete to participate in Florida Express Track & Field and/or cross-country training and competitions. I waive and release any and all claims I may have against Florida Express or its coaching staff or board members, their volunteers, agents or representatives for any and all injuries sustained by the athlete whose name appears above. I authorize the coaching staff of Florida Express to make any decisions concerning health, welfare, and safety including medical treatment for this athlete in my absence.

For contact information, call Coach C [Kristina\) Bratton 941 518 8216](#)

Parent or Legal Guardian: _____
Date: _____