

Parent/Guardian Information:

Parent/Guardian Name:	_____	_____	_____	<i>Parent Interest in Coaching?</i> _____ Yes! I am interested in helping to assistant coach / pace with Blue Thunder this season!
	Last	First	Middle	
Mailing Address:	_____			
City:	_____	State: _____	Zip: _____	
Telephone #:	_____			Alt. #: _____

Email Address(es): _____ / _____
*** Email is our primary communication of announcements and coach contact. Please make sure your email information is printed clearly. If you do not receive an email from the club after registering, please contact your coach to make sure that your address is correct.*

CONSENT, RELEASE, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

I, the parent or legal guardian of _____
Minor(s), for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, acknowledge that participation in track & field travel, play/practice in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. On behalf of the above named athlete, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risks.

On behalf of the above named athlete, I further acknowledge that the Blue Thunder Track Club is primarily administered by volunteers and not paid professionals. On behalf of the above named athlete, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation. **I understand that I risk dismissal from the team without refund for failure to comply with the rules, regulations, and guidelines of the Blue Thunder Track Club or for behavior deemed inappropriate or detrimental to the mission of the team.**

In consideration of accepting the registration and permitting the voluntary participation of the above named participant in its programs, for myself and on behalf of the above named athlete, our heirs, assigns and next of kin, I hereby release, discharge, indemnify and agree to hold harmless the Blue Thunder Track Club, it's volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authorizing the use of facilities by the Blue Thunder Track Club, and the agents, employees, officers and directors of said person or entities from any and all claims, demands, costs expenses and compensation arising out of or in any way related to any injury or other damages that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Blue Thunder Track Club attended event, including any physical or other injury caused by the negligence of any person or entity described above.

ACKNOWLEDGE AND CONSENT: For both internal and external use, I acknowledge that the Blue Thunder Track Club may compile and use photographs and video images of the above named individual, a minor, for use in all club related publications to include but not limited to videos, website, and written materials such as Sponsorship Packets or club advertisements. I hereby waive all rights to monetary compensation resulting from the use of images of the above named athlete.

I give Blue Thunder Track Club consent to use photos or video images of my child. Yes_____ No _____

I HAVE READ THE ABOVE CONSENT, RELEASE, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE NAMED ATHLETE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE ATHLETE. I HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN THE 2025 BLUE THUNDER CROSS COUNTRY SEASON.

Parent Signature: _____ Date: _____

MEDICAL AUTHORIZATION WAIVER AND INSURANCE RESPONSIBILITY ACKNOWLEDGEMENT FORM

I, the parent/legal guardian of _____
hereby authorize the coaches, assistants, assigned chaperones and representatives of the Blue Thunder Track Club to seek medical treatment, (to include anesthesia) for my child, a member of said club, in an emergency situation. I also authorize that the same representatives of the Blue Thunder Track Club be allowed to sign for medical treatment in non-emergency situations when my child is traveling with the club or when I am unable to be reached by phone. I also agree for myself, my heirs and personal representatives to waive and release all claims for damages I may now hereafter have arising out of the above named person's participation in any activities of the Blue Thunder Track Club. I further state that to my knowledge, the above named athlete has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level. At any time a previously unknown condition becomes evident, I agree to immediately inform the staff of the Blue Thunder Track Club and obtain medical clearance if necessary for continued participation.

I acknowledge that the Blue Thunder Track Club does not provide individual insurance coverage for club members and agree to provide a current copy of the above named athlete's medical insurance coverage. I further agree to be solely responsible for any expenses incurred as a result of an injury sustained while participating in a club attended event.

Parent Signature: _____ Date: _____

Primary Care Physician:
Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____

Hospital Preference: _____

Insurance Carrier: _____ Insurance Policy # _____

Emergency Contact (non-parent): _____
Name Telephone #

Medications and/or medical conditions?: _____

Admin Only: Amount Paid Cash Check No. Returning Member ☐ New Member ☐



INDIVIDUAL YES-Athletics™ Membership & Waiver ATHLETES: please submit this form to your club.

	
Club I.D. Number	Athlete's Number
Club Athlete Only	
ATHLETICS 2025 - 2026	

As evidenced by the signature of the minor-participant's parent/legal guardian (below), it is requested by the parent/legal guardian, on behalf of their minor-participant, that their named minor-participant (hereinafter called "Member") be granted membership into Youth **ENDURO Sports, Inc.** (hereinafter called YES-Athletics), the membership program of Youth **ENDURO Sports, Inc.** in accordance with this and the following paragraph which are agreed to by the "Member" and Parent/Legal Guardian. The following paragraph is also agreed to by all adult participants (hereinafter called "Adults") who participate in Youth **ENDURO Sports, Inc.** programs and activities:

[Adults who participate in Youth **ENDURO Sports, Inc.** activities must complete and sign this waiver each time, before participating in the events.]

As a Member/Adult, I/we (on behalf of the minor below (on behalf of myself) understand and acknowledge there are risks inherent in athletic activities, and therefore freely accept those risks. In consideration of membership and such risks in YES-Athletics™, I/we acknowledge that the Member/Adult (named below) chooses to participate in activities at facilities designated by YES-Athletics™ and to use facilities (and practice areas), equipment and training designated by YES-Athletics™ clubs at the Member's/Adult's sole risk – and – the Member/Adult on his/her own behalf and on behalf of his/her heirs, executors, administrators and assigns (and parent/guardian on his/her own behalf and on behalf of his/her minor-participant, heirs, executors, administrators and assigns) hereby agree to completely release, discharge and to hold harmless YES-Athletics™, (including officers, staff, clubs, volunteers, officials, affiliates, sponsors and event coordinators / hosts) and the owners, personnel and sponsors of the practice areas and competition facilities and the sponsors of YES-Athletics™, Affiliate Clubs and Hosts. It is also agreed, YES-Athletics™ will be allowed by this Member/Adult and Parent/Guardian (if a minor) to use and reproduce this Member's/Adult's name and/or likeness (including photographs, video tapes, etc.) and/or information concerning this Member/Adult and to circulate the same for any and all purposes in any manner without obligation or liability to YES-Athletics™ or those affiliated with YES-Athletics™. The signature below also certifies that all information submitted for membership and participation is completely accurate and when submitted, shall become and remain the sole property of Youth **ENDURO Sports, Inc.** (YES-Athletics).

Member's (Participant's) Full Name	Gender (M/F)	Grade (K-12)	Date of Birth	Age
Individual's (Participant's) Home MAILING Address – Including City, State & Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>
Email Address	Today's Date Print Name of Parent / Guardian –or– Name of Adult Participant			
YES-Athletics Club Name: CENTRAL MISSOURI ATHLETICS CIRCUIT	Parent (Guardian) Signature or -- Adult Participant 			
CMAC CLUB NAME: (If no club, write "Unattached")				
Parent/Guardian Cell – Area Code and Phone Number	T-shirt Size (check one)			
() –	YOUTH: SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/>	ADULT: SM <input type="checkbox"/> MD <input type="checkbox"/> LG <input type="checkbox"/>		

Authorization for Emergency Care to Minor ▶ I / We the undersigned legal guardian of the minor listed below:

(Minor's Full Name) _____ Birth Date: _____ / _____ / _____
 do hereby authorize x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State in which an injury occurs and hospital service that may be rendered to said minor under the general or specific consent of:

(temporary Custodian of the minor) _____ (if desired, leave this line blank until needed.)

[Adult who is Temporary Custodian of Minor]

--- whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a state licensed hospital. I/We (the undersigned legal guardian) also authorize the physician or dentist to call in necessary consultants, at his/her discretion.

It is understood this consent is given in advance of specific diagnosis or treatment being required, but is given to encourage those who have temporary custody of the minor, and said physician or dentist, to exercise his/her best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. This consent shall remain effective until ---

12:00 midnight on July 31, 2026[--- unless sooner revoked in writing, and delivered to said physician or dentist or to said persons entrusted with the custody, care and control of said minor child.

Full Name of Athlete (Minor)

Parent / Legal Guardian

Dated: _____ / _____ / _____

Witness [other than custodian(s)]

Attention Parents: On the reverse side of this authorization, list all medications, allergies and health concerns that are relevant to the care of this minor.
Attention Clubs/Teams: A copy should be retained by the Club/Team and available at all events in case of an emergency.