

# Lancaster Lightning Track Team 2016 Application

Last Name  First Name  MI

Returning  T-shirt Size

Birth Date  Gender

Address

City  State  Zip Code

Father Full Name

Father Cell #

Mother Full Name

Mother Cell #

Email

Health Conditions

**Fee Information**  
Registration Fee \$200.00 per child  
Due: April 12, 2016

**Bring Completed Application first day of practice.**

Web site:  
[www.lancasterlightning.org](http://www.lancasterlightning.org)

## Emergency Contact Information

Full Name

Phone Number

**Medical Information/Waiver:** To whom it may concern: I, the parent/guardian of the above named applicant hereby authorize a club representative of Lancaster Lightning to seek and sign for medical treatment for my child, a member of said club, in an emergency situation. I also authorize that the same representative 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 waiver and release all claims for damages I may now or hereafter have arising out of the above named person's participation in any activities of Lancaster Lightning Track Club. I further state that to my knowledge, applicant has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level.

Parent/Guardian Initials

**Athlete Photographs/Images:** By signing below I understand and agree that Lancaster Lightning has my permission to take and use my child's photographs or digital images for official Club purposes.

Parent/Guardian Initials