Central Valley Roadrunner Track Club (CVRR) 2025 Track Season Permission Slip and Medical Release Club Fees \$250**Nonrefundable

Payment due no later than February 3, 2023

| Accounting Use Only |
|---------------------|
| \$\$ \$\$ |

| Ath | lete | Info | rma | atior | า։ |
|-----|------|------|-----|-------|----|
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| Name: | Date of Birth: | | | |
|---|------------------------------|------------------------|--|--|
| Please indicate by circling Adult or Youth Size | | | | |
| Uniform Size: Shirt Shorts | | Pants | | |
| USATF Number: | | | | |
| Parent/Guardian #1 Information: | Parent/Gua | ardian #2 Information: | | |
| Name: | Name: | | | |
| Address: | Address: | | | |
| Phone: (Home) | (Home) | | | |
| | (Cell/Message) | | | |
| E-mail address: | E-mail address: | | | |
| Medical Provider Information: | | | | |
| Name: | | | | |
| Address: | | | | |
| Phone: | | | | |
| Insurance Information: | | | | |
| Insurance Company: | | | | |
| Member ID/Group Number: | | | | |
| Member Name: | | | | |
| Emergency Contact Information (if parer | nt/guardian is not available |): | | |
| Name: | Relati | onship: | | |
| | (Cell/Message) | | | |
| I give my child permission to be a member of the coaches of the Central Valley Roadrunner Track of a medical emergency. | - | = - | | |
| Parent/Guardian Signature | | Date | | |

**Fee covers the cost of uniform, warm-up and meet entry fees.

Central Valley Roadrunners PO Box 5372 Modesto, CA 95352-5372