



# Golden Ears Athletics Cross Country Registration Form

www.golden-ears.org

Athlete Name: \_\_\_\_\_ Athlete email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Athlete cell #: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Athlete Information:

Care card #: \_\_\_\_\_

Medical conditions: \_\_\_\_\_ Allergies/Asthma: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Contact # \_\_\_\_\_

### Parent/guardian for medical/surgical treatment:

I \_\_\_\_\_, (parent) authorize an adult representative of Golden Ears Athletics to act in my place. If I cannot be located, to provide consent for medical or surgical treatment for \_\_\_\_\_ (athlete) any condition which in the doctor's opinion would be adversely affected by undue delay.

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_ (m/d/y)

### 2016 Programs & Fee Structure (schedule subject to change) \* all cheques payable to GEA

#### Cross Country

- Junior Development grades 5-7
- High School grades 8-12
- Rate \$70

If the athlete wants to register as a competitive BCA member there is an additional BC Athletics fee.

Please see registrar regarding this option.