



REGISTRATION FORM

EVENT DATE: Saturday, October 12, 2019

VENUE: Christian Brothers High School • 5900 Walnut Grove Road • Memphis, TN

Please Note - Athlete check-in and late registration begins at 8:00 a.m

ATHLETE INFORMATION

First Name: _____

Last Name: _____

Gender: Male Female Age: _____ Birth Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile (____) _____

Organization Representing: _____

Physician's Name: _____

Physician's Phone: (____) _____

Please list any special needs: _____

Athlete's Shirt Size - *(Please select one):*

Shirt sizes can't be guaranteed for registrations received after September 18th.

Small Medium Large XL 2XL 3XL 4XL 5XL

Youth Small Youth Medium

Athlete's Event Choices:

Please select up to three (3) events to participate in:

25 Meter Dash Frisbee Throw Softball Throw

Bean Bag Toss Soccer Kick Wheelchair Race*

***IMPORTANT: The road off North Humphreys Boulevard (between the football stadium and baseball field) is intended for WHEELCHAIR DROP-OFF ONLY! Please unload and then move your vehicle from area. THIS IS A NO PARKING ZONE!**

PARENT OR GUARDIAN INFORMATION

First Name: _____

Last Name: _____

Would you like us to send you a registration confirmation via email?

Yes No

Email Address (Please print clearly): _____

Parent/Guardian Release

I hereby give permission for the entrant named above to participate in the Special Athletes Fun Day sponsored by St. Ann Catholic Church. I represent and warrant to you that the entrant named above is physically and mentally able to participate in this track and field event. I understand I will be responsible for any medical expenses for myself and/or my athlete (entrant), if any, and do waive any legal right or claim against St. Ann Catholic Church, Christian Brothers High School, The Catholic Diocese of Memphis, Special Athlete Fun Day Committee or their members in the event of injury by participation in any such activity or travel to and from any such activity. Please note the POLICY requiring at least one (1) adult (parent or guardian) to be present for each athlete (entrant). This adult must be with the athlete during the entire event. This is a liability issue and we appreciate your help in adhering to this one-to-one ratio requirement. By signing this form I authorize the sponsors' staff members to administer first aid, to contact the physician listed for medical treatment, to summon emergency medical care, or to transport me and/or my child/athlete to a medical facility for treatment.

Signature: _____

Date: _____

Electronic Image Release

I hereby give permission for myself and/or my athlete (entrant) listed above to have their image captured (photographed, videotaped, digitally recorded, etc.) during the course of this event. This image may or may not be made public by St. Ann Catholic Church for promotional purposes. I further consent that my name and identity and/or the name and identity of my athlete (entrant) may be revealed therein or by descriptive text or commentary.

PLEASE NOTE: If you choose to opt-out, you must complete the form available at the event check-in table.

Signature: _____

Date: _____

Parent Or Guardian Who Will Be Present At Event

Name: _____

Mobile Phone: (____) _____

Please submit this completed registration form by September 18th via:

- **MAIL:** St. Ann Special Athletes Fun Day
6529 Stage Road
Bartlett, TN 38134
- **FAX:** 901-373-9030
- **E-MAIL:** stannspecialathlete@gmail.com