



Cross Country Participant Registration Form

Participant Information: (Please print clearly)

Participant Name: _____ D.O.B. ____/____/____ Home Phone: _____
Street Address: _____ City _____ Zip _____

Parent Information:

Mother's Name: _____ Wk#: _____ Cell#: _____
Father's Name: _____ Wk#: _____ Cell#: _____
E-mail Address: _____

In case of emergency call:

Name: _____ Phone #: _____ Cell#: _____
Address: _____ Relationship to child: _____

Medical Information:

Name of Doctor: _____ Phone #: _____
Illness/Allergies: _____ Meds: _____
Special conditions/concerns: _____

Designated person(s) to pick up child (besides parents) *Photo ID required*

Name: _____ Address: _____
Phone #: _____ Relationship to child: _____

Name: _____ Address: _____
Phone #: _____ Relationship to child: _____

Name: _____ Address: _____
Phone #: _____ Relationship to child: _____

____ (initial) I give my child permission to walk/ride bike to and from the Program Site.
____ (initial) I give the City of Shreveport permission to photograph my child for the purpose of publicizing events and/or programs.

Release of Liability:

By my signature below, I understand and comply with the registration information including discipline policy and SPAR Rules and Regulations and furthermore certify that the above information is correct. I also hereby, for the participant, waive and forever release any and all rights and claims for injuries and/or damages I may have against the City of Shreveport, SPAR, Dr. Shelley Armstrong, and any of its employees.

Participant (or parent/legal guardian if under 18 years old): _____

-----FOR OFFICE USE ONLY-----
Program Title: _____ Date of Registration: _____

Employee Name: _____
Notes: _____
