

NH Thunder

Track and Field REGISTRATION FORM 2022

This form and \$55.00 payment to:

NH Thunder
PO Box 173
Strafford, NH 03884

Child's Name _____ Male ___ Female

Date of Birth ____/____/____ Age as of 12/31/22 7 8 9 10 11 12 13 14 15

Shirt size: ___ Mens S M L ___ Womens S M L ___ Child S M L

Street Address/PO Box _____

Town, State, ZIP _____

Home Phone _____ Mom Work Phone _____ Mom Cell Phone _____

Dad Work Phone _____ Dad Cell Phone _____

Parent/Guardian Name & email _____

PERMISSION AND VERIFICATION

I hereby give my son/daughter/ward permission to participate in recreational sports and to go with the representative of NH Thunder on trips necessary as common. I understand that by their nature, competitive athletics may put students in situations in which serious, catastrophic, and, perhaps, fatal accidents may occur. In the event the above named student is injured, you are authorized to render first aid and/or secure medical treatment, including ambulance service if necessary.

My son/daughter/ward has medical and hospitalization policy with _____

Policy Number _____

Does your student have any health limitations known to you that might be aggravated by any competitive sports participation?

YES ___ NO _____ If YES, please explain _____

Is your student allergic to penicillin and/or tetanus toxoid? YES NO

Other allergies _____

INJURY

Both the parent (or guardian) and the student will affirm by signature that each understands the following statement regarding their ability in the event of student injury:

It is understood by the student and his/her parent/guardian that NH Thunder assumes no liability for injuries incurred in NH thunder sponsored athletics. *Any student injury must be reported to the coach before leaving the place of meet or practice in order that proper report is completed.* All medical, hospital, ambulance or other such bills shall be charged to the parent/guardian and shall be considered the financial responsibility of such parent/guardian.

I agree to the conditions concerning injury (above), participation, and insurance.

As parent or guardian of _____ I signify that the above information is acceptable and give full permission for him/her to participate and travel with the team during the entire season.

Parent/Guardian Signature _____ Date _____

****You can make this program and other NH Thunder programs better by providing your active support. Please volunteer your time to help. Experience is not necessary. This program is in need of parents who will be willing to measure, time, and supervise athletes in small groups.**

- Yes I am able to help with the track program on Mondays and/or Thursdays.

Name _____ Contact Phone Number _____

- No I am unable to help with the track program on Mondays and/or Thursdays.

****I can volunteer to bring one healthy meal for the CBNA athletes.**

- Yes, I can bring a mea
- No

The CBNA athletes who help coach the NH Thunder athletes have been at school since 7:30am and go to their own practice right after school and then stay for the Thunder practice to help coach. We would like to provide them with healthy meals and snacks. If each family could bring a crockpot, pizza, or healthy snacks to just one practice we would have enough food to feed our CBNA helpers. Thank you for considering to help. A follow up email will be sent if you replied YES.