

Bowling Green Lightning

Membership Application *(please print)*

I, _____, hereby apply for membership to the
(Participant name)

Bowling Green Lightning athletic club.

Participant Info *(please print)*

Street: _____ DOB: _____
(month/day/year)

City: _____ Email: _____

State: _____ Phone: _____

Zip: _____ School: _____

Event(s): _____
(Cross country, distance, middle distance, sprints, jumps, throws, pole vault, etc.)

Parent or Guardian Info *(please print)*

Name: _____
Phone: _____
Email: _____

Name: _____
Phone: _____
Email: _____

(Participant signature)

(Month/day/year)

(Parent or Guardian signature, required if under 18)

(Month/day/year)

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Membership Application *(please print)*

Please tell us why you are interested in becoming a member of the *Bowling Green Lightning* athletic club.

Participant Performances *(please print)*

List below your top athletic performances in cross country and track & field including the event, performance mark, date and location of event.

Event	Performance	Event Date	Event Location
List your top 3 XC performances within the past 2 seasons.			
List your top track performances for the events specified.			
800m			
1600m/1 mile			
3200m/2 mile			
5000m			
List other events or noteworthy championship performances.			

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Emergency Information *(please print)*

I, the undersigned, authorize the members of the *Bowling Green Lightning* athletic club to directly contact the person(s) named on this form, and do authorize the named physicians to render such treatment as may be considered necessary in an emergency, for the health of my child.

In the event physicians, other persons named on this form, parents or guardians cannot be contacted, the members of the *Bowling Green Lightning* athletic club are authorized to take whatever action is considered necessary, in their judgment, for the health of my child.

Participant Info *(please print)*

Street: _____ DOB: _____
(month/day/year)
City: _____ Email: _____
State: _____ Phone: _____
Zip: _____ School: _____

Please describe any health conditions relevant to your child's participation in athletics.

Parent or Guardian Info *(please print)*

Mother: _____ Phone: _____
Father: _____ Phone: _____
Guardian: _____ Phone: _____
Other: _____ Phone: _____
Physician: _____ Phone: _____

(Parent or Guardian signature)

(Month/day/year)

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Liability Waiver *(please print)*

I, _____, hereby agree to allow _____
(Parent or Guardian name) (Participant's name)

to participate in athletics as a member of the *Bowling Green Lightning* athletic club for the current season beginning February 28th, _____ through February 28th, _____. I
(Beginning year) (Ending year)

agree not to hold any volunteer or member of the *Bowling Green Lightning* athletic club liable if the above mentioned Participant is injured while participating in any *Bowling Green Lightning* athletic club activity.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless any volunteer or member of the *Bowling Green Lightning* athletic club from any and all claims or demands, cost or expense arising out of any injuries or damage sustained by any party I am responsible to or for, including the above mentioned Participant.

(Parent or Guardian signature)

(Month/day/year)