

Team Somerset 2017 Junior Development and Racing Cycling Program

Registration Form and Release Waiver One Step Form, includes Club Membership

Please complete the form with all information below for each child you register. Fill out a separate form for each child. Mail the signed form with a check for \$150 payable "Somerset Wheelmen" to the address at the bottom..

Participant information

Name	School	Current Grade
First/Last		
Address	Birthdate (mm/dd/yy)	
City/State/Zip	Home Phone	
Email address	Cell phone	

Parents information

Father's Name	Mother's name
Bus/Cell phone	Bus/cell phone
Email address	Email address

Medical information/Emergency contact

Physician's name	Emergency contact:
Physician tel #	Bus/cell phone
Insurance carrier	Policy/Subscriber ID#
Any allergies, medical conditions?	Current medications:

Parent Participation is an important part of making the SW junior development program a success. Please indicate where you can assist:

- Coach
 Assistant coach
 Sponsor
 Administrative
 Juniors Web site
 Publicity
 Clinics
 General volunteer

CONSENT FOR MEDICAL TREATMENT:

As the parent or legal guardian of (name of registrant) _____, a minor, I hereby give consent for emergency medical care, if required, as a result of injury or illness that may occur during this activity. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signed (parent or guardian) . _____ Date: _____

WAIVER AND RELEASE OF LIABILITY:

As the parent or legal guardian of (name of registrant) _____, a minor, I agree that in consideration of being allowed to participate in the Somerset Wheelmen Junior development program, I will waive any right legal or equitable, to claim damages for any loss to person or property occasioned by participation in such programs. I hereby release, discharge, hold harmless and/or otherwise indemnify the Somerset Wheelmen, its officers, agents, coaches and associated volunteer personnel, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the program. I fully understand the terms and conditions of this liability release and agree to adhere to the SSW code of ethics.

Mail Completed Form with Check for \$150* payable to "SOMERSET WHEELMEN" to:

Somerset Wheelmen, 131 Spring Hill Road, Skillman, NJ 08858

*second child fee is \$60 additional.