

2020 Fast Start Athletics

Track and Field Training Hurdles/Jumps/Throws

Registration Form

Please complete this form and return with payment.

Participant's Name: _____ Age: _____

School: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Waivers:

- I am stating that the participant can physically perform athletic movements and is physically cleared to participate in the training. I understand and agree to hold harmless Central Hardin High School, all instructors, staff members, and volunteers affiliated with the Fast Start Athletics Track and Field Hurdles/Jumps/Throws Clinic from any claims or demands arising from any such injuries or losses.
- I allow Fast Start Athletics, LLC to use the participant's photo or video of participating in the clinic on their website, social media sites, publications and marketing items.

If Participant is under 18 years old, a parent or legal guardian's signature is required.

Parent/Legal Guardian's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____