



**MENDHAM MAGIC CROSS COUNTRY
REGISTRATION FOR FALL 2011**



All applicants must reside in Mendham Borough or Mendham Township
Children must be entering 1st through 8th grade (at least 6 years old by 12/31/11)

Registration deadline is **August 15th, 2011** Please visit www.mendhammagic.com for more information

Athlete's Last Name: _____	Athlete's First Name: _____	Grade: _____
Birth Date: _____	Age (as of 12/31/2011) : _____	Gender: _____
Parent 1 Name: _____	Parent 2 Name: _____	
Mailing Address: _____		
City & State: _____ Zip: _____	Home Phone: _____	
Parent 1 Cell: _____	Parent 1 E-Mail: _____	
Parent 2 Cell: _____	Parent 2 E-Mail: _____	<i>only indicate 2nd email if you want to receive multiple notifications</i>
Emergency Contact: _____	Emergency Contact Phone: _____	

List any allergies (food, bee stings, pollen, etc): _____

Does child have asthma (circle)? **YES NO** Does child use an inhaler (circle)? **YES NO**

List any other medical conditions: _____

*All participants are required to provide a copy of the child's birth certificate

TEAM T-SHIRT

Please circle desired size: **S(6-8) M(10-12) L(14-16) Adult S Adult M Adult L**

PARENT VOLUNTEER PARTICIPATION See <http://www.mendhammagic.com/parentvolunteers.asp> for complete descriptions.

Please indicate husband (H) and/or wife (W). Feel free to indicate more than one choice. Our program relies on your support!

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|-------------------------------|----------------------------------|--|-----------------------------|
| ___ Assistant Coach | ___ Banquet Coordinator / Helper | ___ Labor Day Parade Coordinator | ___ Pasta Party Coordinator |
| ___ Practice Assistant | ___ Team T-Shirt Coordinator | ___ Pasta Party Coordinator | ___ Newspaper Reporter |
| ___ Meet Helper / Coordinator | ___ Extra Apparel Coordinator | ___ End of Season Gifts Coordinator | ___ Meet Photographer |
| ___ Post-Season Coordinator | ___ Team Photo Coordinator | ___ Parent Day Practice / Ice Cream Social Coordinator | |

PARENTAL CONSENT

I give permission for the above child to participate in any and all activities of the Mendham Magic Cross Country program. I assume all risks and hazards incidental to the conduct of the program activities and transportation to and from program activities. I do further release, absolve, indemnify, and hold harmless the organizers, sponsors, field owners, its members, coaches or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from program activities. I also understand that it is my responsibility to make sure that each registrant does not have health conditions preventing them from safely participating in this running program; a physical by a medical doctor for this purpose is strongly recommended. I also give consent for my child's name and photograph to be used in various newspapers and websites.

Parent / Legal Guardian

Signature: _____ Date: MM / DD / YY

PRINT above name: _____

FEES \$80 per child (maximum \$200 per family). Add \$25 late fee per family if submitted after August 15th. Make checks payable to: **Mendham Magic Cross Country** and mail to **c/o Coach Ehmann** (or drop off at) **9 Florie Farm Road, Mendham, NJ 07945**

Questions? Please send e-mail to register@mendhammagic.com