



MENDHAM MAGIC CROSS COUNTRY REGISTRATION FOR FALL 2012



Applicants must be residents of Mendham Borough or Mendham Township.
Children must be entering 1st through 8th grade (and be at least 6 years old by 12/31/12).
Registration deadline is **August 19th**. Please visit www.mendhammagic.com for more information.

Athlete's Last Name: _____	Athlete's First Name: _____	Grade: _____
Birth Date: _____	Age (as of 12/31/2012) : _____	Gender: <input type="radio"/>
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: _____ <i>other than parents</i>	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 required to have a copy of the athlete's birth certificate on file

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!

- | | | | |
|-----------------------------|----------------------------------|---|------------------------|
| ___ Assistant Coach | ___ Banquet Coordinator / Helper | ___ Labor Day Parade Coordinator | ___ Meet Photographer |
| ___ Practice Assistant | ___ Team T-Shirt Distribution | ___ Pasta Party Coordinator | ___ Newspaper Reporter |
| ___ Meet Helper | ___ Extra Apparel Coordinator | ___ End of Season Gifts Coordinator | |
| ___ Post-Season Coordinator | ___ Team Photo Coordinator | ___ Parents 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 19th. Make checks payable to: **Mendham Magic** and mail to **Coach Ehmman** (or drop off at) **9 Florie Farm Road, Mendham, NJ 07945**

Questions? Please contact us at register@mendhammagic.com