



**IN ORDER TO COMPETE, THIS FORM MUST BE FILLED OUT COMPLETELY.
ALL MEDICAL AND EMERGENCY INFORMATION MUST BE COMPLETE.**

LIGHTNING SPIKES TRACK CLUB

HANDBOOK ACKNOWLEDGEMENT FORM

I have received and read the Lightning Spikes Club Member Handbook. I understand the rules and regulations contained therein and will comply with them. Non-compliance may subject the athlete to dismissal from Club, without refund of paid fees.

I am also acknowledging the following:

- If my athlete(s) qualifies for a meet, I am obligated to ensure my athlete(s) participation. Out-of-town travel will entail additional costs.
- My athlete has a Lightning Spikes Track Club authorized uniform in excellent condition; otherwise, I will have to purchase one at additional cost.
- That my athlete(s) has sufficient medical insurance coverage. I am providing the requested information below.

Insurance Company: _____

Doctor/Group Name: _____

Doctor's Phone: _____

Date: _____

Athlete Signature: _____

Parent Signature: _____

“Chances...Favor...A Prepared Mind”