

# Malaga Cove Track Club

## 2023 Summer High School Running Program

Friday, June 9<sup>th</sup> - Tuesday, August 22<sup>nd</sup>

Meet at Malaga Cove Plaza

Monday–Thursday 4:00pm

Friday–Saturday 8:00am

- \$20 Annual Youth Membership for USATF
  - <https://www.usatf.org/membership/application/index.asp>
  - Club #715 Malaga Cove Track Club
- \$375 cash or check made to Malaga Cove Track Club
- Must have physical on file (at end of camp, physicals will be given to school for upcoming school year)
- Group will not meet 8/7 - 8/13 while coaches/members are at Mammoth Camp (ask for details if interested)
- Captains will lead practice during CIF Dead Period in accordance with CIF summer rules

Contact Brian Shapiro: [malagacovetrackclub@gmail.com](mailto:malagacovetrackclub@gmail.com)

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### Waiver, Consent, and Release

In consideration of the acceptance of my entry, I the undersigned, my heirs, assigned executors and administrators hereby waive, release and discharge any and all rights of claims of personal injury, death or property damage which I may have or which may hereafter accrue as a result of my participation in the Malaga Cove Track Club summer program. This release is intended to discharge in advance all coaches, counselors, chaperones, promoters, and sponsors or any individual or entities associated with the above subject from and against any and all liability arising out of or connected in any way with me participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons, groups or entities mentioned above. I hereby attest and verify that I have full knowledge of all risks involved in this event and am physical fit to participate in said event. In the event of accident, injury, or illness of the named participant, consent is hereby given to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon.

If I am under eighteen (18) years of age, my parent or legal guardian has signed below as well to indicate their agreement with and consent to the above provisions. Parents hereby agree they are responsible for the actions of their child and any resulting financial obligations.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Name \_\_\_\_\_ Medical Conditions or Allergies \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Athlete Email: \_\_\_\_\_