



**MENDHAM MAGIC CROSS COUNTRY  
REGISTRATION FOR FALL 2010**



All applicants must reside in Mendham Borough or Mendham Township  
Children must be entering 1<sup>st</sup> through 8<sup>th</sup> grade (at least 6 years old by 12/31/10)

Registration deadline is **August 13<sup>th</sup>, 2010** Please visit [www.mendhammagic.com](http://www.mendhammagic.com) for more information

|  |  |                      |
|--|--|----------------------|
| <b>Athlete's</b><br>Last Name: _____         | <b>Athlete's</b><br>First Name: _____    | <b>Grade:</b> _____  |
| <b>Birth</b><br>Date: _____                  | <b>Age</b> (as of<br>12/31/2010) : _____ | <b>Gender:</b> _____ |
| <b>Parent 1</b><br>Name: _____               | <b>Parent 2</b><br>Name: _____           |                      |
| <b>Mailing</b><br>Address: _____             |  |                      |
| <b>City &amp;</b><br>State: _____ Zip: _____ |  |                      |
| <b>Parent 1</b><br>Cell: _____               | <b>Home</b><br>Phone: _____              |                      |
| <b>Parent 2</b><br>Cell: _____               | <b>Parent 1</b><br>E-Mail: _____         |                      |
|  | <b>Parent 2</b><br>E-Mail: _____         |                      |
| <b>Emergency</b><br>Contact: _____           | <b>Emergency</b><br>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 unless indicated by team staff here:

**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**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Assistant Coach     | <input type="checkbox"/> Meet Helper        |
| <input type="checkbox"/> Practice Assistant  | <input type="checkbox"/> Newspaper Reporter |
| <input type="checkbox"/> Banquet Coordinator | <input type="checkbox"/> Photographer       |

**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** \$70 per child (maximum \$140 per family). Add \$10 late fee per family if submitted after August 13<sup>th</sup>. 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 call (973) 787-7895 or send e-mail to [register@mendhammagic.com](mailto:register@mendhammagic.com)