

Juniata Valley Striders Information and Waiver

As the parent or legal guardian of _____, I understand the inherent risks of athletic competition (congenital defects, injuries, weather, infectious disease, and death) involving track and cross country. Understanding these risks, I have discussed the risks and how to reduce these risks with my child. I have discussed this participation with our family physician and have had the participation approved medically. We will provide a personal water bottle for every practice and meet to only be used by our child, check our child's temperature before practice and competition, will not send our child to practice or competition if they are not feeling well, provide a personal mask for practice and competition, insist on proper hand washing and social distancing, to protect them from infectious disease.

Signed _____, parent / guardian

Address _____

Witnessed _____

Date _____

Cell Phone _____

Emergency Back up Phone / Contact

Email _____

Student Name (s) _____ male/female, Birth date

Student membership \$10 , Family membership \$25