



Michigan All-Stars Track Team

2011 Indoor Fee \$250.00

Make check payable to: Michigan All-Stars

Parents are asked to dedicate yourselves by bringing your child to practice on time in order to receive the full benefit of our program, and your investment.

<i>Athlete Information</i>			
Athlete Name: _____			
Last	First	Middle Initial	
Address: _____			
Street	City	State	Zip
Age: _____		Date of Birth: ____/____/____	
Home Phone: (____) ____ - _____		Cellular Phone: (____) ____ - _____	
Email Address: _____			
<i>Parent/Guardian Information</i>			
Parent/Guardian Name: _____			
Address: _____			
Street	City	State	Zip
Home Phone: (____) ____ - _____		Work Phone: (____) ____ - _____	
Cellular Phone: (____) ____ - _____		Cellular Phone (____) ____ - _____	
Email Address: _____			



Michigan All-Stars Track Team

Parent/Guardian Contact Information

Participant Last Name: _____ **First Name:** _____

Parent/Guardian: _____ Parent/Guardian/Other: _____

Name: _____ Name: _____

Cell Phone: _____ Cell Phone: _____

e-mail address: _____ e-mail address: _____

(The e-mail address is an important piece of contact information. E-mails are frequently used to share important team information)

Participant Sizing for Uniform

Indicate sizes as XS - Adult XXL

(CLUB USE ONLY ITEMS RECEIVED)

Sweat shirt: _____ Sweat shirt: _____

Sweat pants: _____ Sweat pants: _____

Practice T-shirt (2) _____ Practice T-shirt: (2) _____ (1) _____

Practice shorts (1) _____ Practice shorts: (1) _____

Warm-up jacket _____ Warm-up jacket: _____

Warm-up pants: _____ Warm-up pants: _____

Track event T-shirt (1) _____ Track event T-shirt (1): _____

Sports bag: ___1___ Sports bag: _____

Hat: _____ Hat: _____

Speed Suit: _____ Speed suit: _____

Water Bottle: _____ Water Bottle: _____

Socks: _____ Socks: _____

Shoes
Practice: _____ Practice: _____

Spikes: _____ Spikes: _____



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Parent Release Form for Media recording

I, the undersigned, do hereby grant permission to Michigan All Stars to use the image of my child, _____ . Such use include the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images.

I give permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Michigan All Stars for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any materials used in communication targeted externally (outside MAS).

Parent/Guardian signature: _____ Date: _____



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Athlete's Participation Release:

I do, hereby, for myself, my heirs, executors and administrators, waive release and forever discharge any and all rights and claims for damage which may have or may hereafter accrue to me against *AAU Track & Field, Adidas, Michigan Association of AAU Track and Field, USATF Association City of Ann Arbor, City of Ypsilanti, Ypsilanti Chamber of Commerce, Washtenaw County Convention & Visitor Bureau, Michigan All Stars Team and any Representatives, Successors* and /or assigns for any and all damages which may be sustained by me in connections with my association with or entry in the Michigan All Stars Team and/or Meets, or which may arise out of traveling to or participating in, and returning from said Practices and/or Meets.

Athletes Signature

____/____/____
Month Date Year

Parents Signature

____/____/____
Month Date Year