



Laurel Knighthawks
2025 Cross-Country Registration



Runner Name: _____ Date of Birth: _____

Age on August 1, 2025: _____ Expected Graduation Year: _____

Runner Cell: _____ Runner Email: _____

Father Name: _____ Father Cell: _____

Father Email: _____

Mother Name: _____ Mother Cell: _____

Mother Email: _____

Will you be ordering a Cross-Country tank (top)? YES: Size _____ NO

Knighthawks Cross-Country uses the same uniform as Knighthawks Track & Field in an effort to minimize costs. If you have a current edition of the Knighthawks tank (top), you may wear it in lieu of ordering a new uniform. Shorts (bottoms) shall be solid black and be provided by the athlete (uniform order includes tank only).

Medical Insurance Coverage:

Carrier: _____ Policy No.: _____

Allergies: _____ Date of Last Tetanus: _____

Have you been prescribed an epinephrine injector?
(e.g. Epi-Pen, Adrenaclick, Auvi-Q, Symjepi) YES NO

Have you been prescribed an inhaler (asthma)?
(e.g., Albuterol, Levalbuterol) YES NO



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2025 Laurel Knighthawks Cross-Country Participant Name: _____

Initial Where Appropriate:

As parent/legal guardian of the child named above, I do hereby fully release and discharge Laurel Knighthawks, its employees, agents, volunteers, servants, members and successors from any and all claims, demands, right, causes of action in law or equity, damages, expenses, costs of litigation and compensation of every kind whatsoever and including, without limitation, all liability for damages or injury of any kind, nature or description to person or property whether foreseen or unforeseen, direct or indirect, known or unknown, which may hereafter arise from or out of injuries and damages occurring during the aforesaid use of game/practice/camp facilities and/or during travel with the Laurel Knighthawks Cross-Country Team, agree to indemnify and hold harmless Laurel Knighthawks from same, Furthermore, I hereby give my permission to seek medical treatment in case of emergency and I assume the responsibility of all medical bills, if any.

_____ I have read, understood and concur with the above liability / medical release.

I hereby grant permission to The Laurel Knighthawks to post my and/or my child's story, photo, or other item, hereinafter referred to as "Materials", for Laurel Knighthawks online media publications, social media accounts and print publications. I hereby release you, your representative, employees, managers, members, officers, parent companies, subsidiaries, and directors, from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

_____ I have read, understood and concur with the above media/social media release.

I have been provided access to the current season Cross-Country Handbook. I agree to the terms, requirements, and policies stated within.

_____ I have read, understood and concur with the above statement.

Parent/Legal Guardian Signature

Date

Participant (if participant is age 18)

Date

