



Notah Begay III Foundation: NB3FIT Cross Country (XC) Registration

Participant Name: _____ Gender: Female Male

Ethnicity: Native American Tribal Affiliation: _____
 Hispanic Asian African American Caucasian/Anglo Other _____

Birth Date: (___/___/___) Age: _____ Grade Level: _____ School: _____

Parent(s)/Legal Guardian(s): _____ Relationship: _____

Cell _____ - _____ - _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

If an emergency occurs and I cannot be reached, I give permission to the NB3 Foundation representatives to determinate the need for any medical assistance and/or administration of medical attention. I also give permission to the medical personnel, selected by NB3 Foundation representatives, to secure any and all medical, hospitalization, dental and/or surgical treatment. Further, as parent and/or guardian, I agree to cover all medical costs accrued in the event of a medical emergency.

Parent/Legal Guardian Initials: _____

Attendance

Practice will be three (3) nights a week, runners are required to attend at least two (2) practices a week. Some exceptions may be made but must be cleared by the NB3FIT Director. Runners are encouraged to attend three (3) nights of practice each week to best utilize the training and experience the most success with the program.

Parent/Legal Guardian Initials: _____

Media Release

As parent and/or guardian, I fully understand that photos and/or video may be taken of the participant(s) for NB3 Foundation promotional purposes, including but not limited to: press releases, website content, print materials and social media posts. I give the NB3 Foundation permission to use film, videotape and/or photographs of the above named youth for lawful promotional or informational purposes.

Parent/Legal Guardian Initials: _____

Inventory

As parent and/or guardian, I approve that the above named youth may participate in any NB3 Foundation surveys on nutrition, physical activity, leadership and core values. Names are not captured on the surveys to protect the participant's privacy. Survey results help to strengthen the NB3FIT programming.

Parent/Legal Guardian Initials: _____

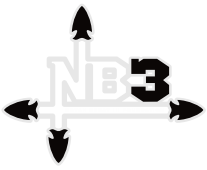
As the parent and/or guardian, I approve that the above named youth may participate in the NB3FIT Cross Country. I assume all risks of injury whatsoever and agree to hold harmless NB3 Foundation from claim(s) of any nature arising from any activity connected with NB3 Foundation, facility or program. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of NB3 Foundation, its employees, coaches, agents, participating agencies and volunteers. I consent to NB3 Foundation communicating information regarding my child's participation via the Internet and basic text messaging.

Parent/Legal Guardian Initials: _____

Payment

As parent and/or guardian I agree to pay the fees that are required to participant in the NB3FIT Cross Country Program.

Parent/Legal Guardian Initials: _____



NB3FIT XC Code of Conduct Agreement

It is the policy of the NB3 Foundation that its participants shall conduct themselves in a sportsmanlike and positive manner while participating in NB3FIT XC Club. The participants not only represent themselves but their families, community and NB3 Foundation. This participant and parent/guardian will agree to abide by and follow the rules and guidelines below:

Practice:

- To be committed to **ALL** NB3FIT XC practices for the entire season and to be on time.
- To show respect to all NB3FIT XC coaches, teammates and parents/guardians.
- To be prepared for practices ready to train (running shorts, t-shirt, good running shoes and water).
- To be a positive influence to all members of the NB3FIT XC team.
- To have honest communications among coaches, teammates and parent/guardians.
- To respect all rules and regulations of host facilities and communities.

Race Days:

- To show respect for coaches, teammates/peers, parents, opponents and officials.
- To be prepared for all races (race uniform, running shoes or flats and water)
- Will show up on time to each race so that your runner can walk the race course and warm up properly.
- To place the needs of the team before my own needs.
- To show good sportsmanship.
- Will not leave trash at the host race site or vandalize of any kind to host facilities.
- Any other inappropriate behavior deemed by the NB3FIT XC Coaches.

PARENTS:

- To be a positive supporter of the NB3FIT XC program, the participants and the coaches.
- To contact coaches with open and honest concerns about a participant's role in the program.
- To look at each participant as a part of the team rather than as a separate individual.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every race and practice.
- I will place the emotional and physical wellbeing of my child ahead of my personal desire to win.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach.
- I will support the coaches working with my child, to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all USTAF races and NB3FIT XC practices.
- I will help my child enjoy the NB3FIT XC experience by doing whatever I can, such as being a respectful fan, or providing transportation.
- I promise to make a commitment to volunteer and assist my child when asked, making time whenever I can.

I understand that by signing this document, I am agreeing to abide by the rules and guidelines of the code of conduct agreement. My failure to comply with this agreement will result in disciplinary action, up to and including expulsion from the NB3FIT XC Club or other NB3 Foundation activities.

Youth Participant Signature: _____ Date: _____

Parents/Guardian Signature: _____ Date: _____



Emergency Contact #1: _____ Relationship: _____

(cell) _____ - _____ - _____

Emergency Contact #2: _____ Relationship: _____

(cell) _____ - _____ - _____

Does the participant have allergies? **YES/NO**

If yes, please list all allergies/reactions (food, medicine, bee stings, etc.):

If the participant has allergies, does he/she have an auto-injection or Epi-Pen? **YES/NO**

If the participant does have an auto-injection or Epi-Pen, where does he/she keep it?

Does the participant have asthma, wheezing or shortness of breath? **YES/NO**

If yes, where does he/she keep her inhaler?

Is the participant currently taking any medications? **YES/NO**

If yes, please list each medication and dosage:

Please list any other illnesses, health conditions or restrictions that could disallow the participant from safely participating in the program:

With my signature, I hereby acknowledge or agree:

- That all information on this Medical General History form is true and accurate to the best of my knowledge
- To provide the NB3 Foundation with any new or relevant medical information that may affect the Participant's ability to safely participate in NB3FIT XC Program.
- Understand that the NB3 Foundation reserves the right to refuse participation if this Participant Medical General History form is not complete or accurately filled out.

Printed Name of Parent/Guardian: _____

Signature Parent/Guardian: _____ *Date:* (____/____/____)