


San Diego Street Elite
Rockin' Summer Classic
 at the San Diego Velodrome
SATURDAY, AUGUST 22, 2009

Please fill this form out completely and mail with payment to: San Diego Street Elite, 2025 Felton St. San Diego, CA 92104. Make check or money order payable to San Diego Street Elite. Do not send cash. Please print clearly

NAME _____

ADDRESS _____

CITY, STATE _____

PHONE _____

CLUB/TEAM AFFILIATION (IF ANY) _____

E-MAIL ADDRESS _____

CATEGORY / REGISTRATION FEE: <input type="checkbox"/> PRO DIVISION - \$32 <input type="checkbox"/> OPEN DIVISION - \$32 (open is everyone except pro)	BIRTHDATE (MM-DD-YY) _____	T-SHIRT SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Sorry, but T-shirt sizes are not guaranteed and t-shirts are limited to the first 30 entrants	<p style="text-align: center;">FOR OFFICIAL USE ONLY:</p> <p>PAYMENT RECEIVED _____</p> <p>BIB NUMBER _____</p>
	SEX: <input type="checkbox"/> M <input type="checkbox"/> F		

LIABILITY/MEDICAL RELEASE

In consideration of being allowed to skate or any type of athletic activity on the San Diego Velodrome, I hereby release, hold harmless, and forever discharge the San Diego Velodrome Association (SDVA), San Diego Street Elite (SDSE), the City of San Diego and any subsidiaries or affiliates, and every officer, board of directors, agent, and employee from all claims, causes of action or demands of any kind which I may have in the future or that any person claiming through me may have in the future against the above named entities for any reason of injury to person or property, or death, in connection with my participation in the above described activity.

I fully understand and acknowledge that skating or participating in athletic training involves strenuous physical activity and sometimes body contact and that there are adherent risks and hereby warrant and affirm that I am in good physical condition, that I am physically able to fully participate in the activities described above. I give consent to an authorized administration of all treatments considered advisable and necessary in the judgment of a licensed physician or medically trained personnel.

I have read this release, and understand the terms used in it and the legal significance. This release is freely and voluntarily given with the understanding that rights to legal recourse against the SDVA, SDSE, the City of San Diego and any of its subsidiaries or affiliates, and every officer, board of directors, agent and employee are knowingly given up in return for allowing my participation in the activity above.

Signature _____ Date _____

For participants under the age of 18:

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release and indemnify the SDVA, SDSE, the City of San Diego and any of its subsidiaries or affiliates, and every officer, board of directors, agent and employee from any and all liabilities incident to my minor child's involvement or participation in these programs for myself, my heirs, assigns and the next of kin. I hereby give consent to and authorize the administration of all treatments considered advisable and necessary in the judgment of a licensed physician or medically trained personnel.

Parent/Guardian Signature _____ Date _____

Relationship _____