

**SHOCKER TRACK CLUB**

**2015 - 2016 YOUTH and OPEN INDOOR SEASON**

**USA Track and Field Sanctioned**

**POLE VAULT**

**USD 259 Northeast Magnet High School**

**NEW THIS YEAR**

**Two (2) Pits**

**Swimming Pool Practice**

**PARENT INFORMATION and ATHLETE REGISTRATION FORMS**

**Dated October 10, 2015**

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**Shocker Track Club, Inc.**

**c/o Wichita State University Track and Field**

**1845 Fairmount**

**Wichita, Kansas 67260-0018**

**(316) 978-5544**

[**president@shockertrackclub.com**](mailto:president@shockertrackclub.com) **or** [**polevault@shockertrackclub.com**](mailto:polevault@shockertrackclub.com)



**2015 - 2016 Shocker Track Club Youth and Open INDOOR Pole Vault Team**

**TEAM MEMBERSHIP REGISTRATION OVERVIEW**

**INFORMATIONAL MEETING**

Tuesday, October 27, 2015 at 700p

USD 259 School Service Center – 3850 North Hydraulic

**REGISTRATION FEES and FEE PAYMENT DUE DATES**

$160 for base registration fees

*($20 each additional for USATF and AAU annual memberships)*

Complete Pages 7-10 of this Packet

FEES ARE TO BE PAID ALL AT ONCE IN CASH, CHECK, OR DEBIT/CREDIT CARD

NO REFUNDS AFTER 2ND PRACTICE

To Help Us With T-Shirt Orders join by November 12, 2015

**ALL FEES INCLUDE**

Practice Time and Coaching

Team Shirt and Sport Bottle

Free Participation in STC Bill Butterworth Masters Indoor Track Meet on January 30, 2016

**FEES DO NOT INCLUDE**

Any Meet Entry Fees EXCEPT FOR STC Bill Butterworth Indoor Masters Meet on January 30, 2016

USATF or AAU Membership

Parent T-Shirt ($18) and STC Team Competition Jersey ($15)

**PRACTICE LOCATION**

Practices will be held at the USD 259 Northeast Magnet High School Gymnasium

5550 N. Lycee in Bel Aire, Kansas (just east of 53rd Street North and Rock Road)

**SCHEDULED PRACTICE TIMES AND DATES**

**Tuesdays and Thursdays – 6:30 p.m. to 8:30 p.m. // Saturdays 1:00 p.m. to 4:00 p.m.**

*November – 3, 5, 7, 10, 12, 14, 17, 19, 21, 24*

*December – 1, 3, 5, 8, 10, 12, 15, 17, 19, 22*

*January – 5, 7, 9, 12, 14, 16, 19, 21, 23, 26, 28, 30*

*February – 2, 4, 6, 9, 11, 13, 16, 18, 20, 23, 25, 27*

**Optional Pool Practice Dates**

Northeast Magnet High School Swimming Pool

*November 21, December 19, January 23, February 20*

*Appropriate attire is expected. Pool practice provides an opportunity for Aqua-Kinetic” resistance training and specific “underwater” Pole Vault drills*



**2015 – 2016 Shocker Track Club YOUTH and OPEN Indoor Team**

**TRACK MEETS**

**OPTIONAL PARTICIPATION**

All track meets are optional.

Your child can participate in any, or all, of the meets.

The cost of each track meet ranges from $8.00 to $15.00.

Assistance can be provided in registering your child for meets.

Parents are responsible for transportation to and from meets.

**USA TRACK and FIELD and AAU MEETS**

***If you desire to have your child compete in USATF or AAU Meets you will need to purchase:***

*USATF Youth Membership $20* [*www.usatf.org*](http://www.usatf.org) *(Assign your child to Club 28-4080)*

*AAU Youth Membership $20* [*www.aausports.org*](http://www.aausports.org) *(Assign your child to Club WW9EEF)*

**FOR USATF MEMBERSHIPS**

To verify an athlete’s date-of-birth, parents must forward a scanned copy of your child’s birth certificate to [youth@missourivalley.usatf.org](mailto:youth@missourivalley.usatf.org)

USA Track & Field will contact youth members directly to provide important membership information.

**TENTATIVE SCHEDULED MEETS**

**Shocker Track Club Coaches WILL be in attendance at the following meets –**

January 15-16, 2016 – Reno, Nevada; National Pole Vault Summit (Youth of all ages)

January 24, 2016 - Kansas State University (high school athletes ONLY)

January 30, 2016 - Shocker Track Club Bill Butterworth Masters Indoor (Pole Vault and Running Events ONLY)

January 31, 2016 - University of Kansas (high school athletes ONLY)

**OTHER TRACK MEETS**

**Shocker Track Club Coaches WILL NOT be in attendance at the following meets -**

January 9, 2016 – Johnson County Community College – Overland Park, Kansas

January 9, 2016 – Pittsburg State University – Pittsburg, Kansas

January 16-17, 2016 – University of Arkansas - Fayetteville, Arkansas



**2015 - 2016 Shocker Track Club YOUTH and OPEN Indoor Team**

**GENERAL INFORMATION and EXPECTATIONS**

**Governance and Oversight**

The Shocker Track Club Youth Team operates under the auspices of the Shocker Track Club Board of Directors. Separate indoor and outdoor seasons provide opportunities for nearly eight months of training.

**Mission Statement**

**The Mission of the Shocker Track Club Youth Team is to provide opportunities for youth to compete in track and field from an introductory level, to high-level competition, under the framework of USATF guidelines.**

**Participation Eligibility**

This program is for youth athletes ages 5 to 18, and College, Open, and Masters athletes of any age. If an athlete is also participating in a KSHSAA affiliated high school or middle school, the athlete may not participate with Shocker Track Club DURING the school season. Home school or Middle school athletes that choose not to participate with their school’s team may participate. If your school is not KSHSAA sanctioned, the athlete can participate with Shocker Track Club.

* **Participation Conditions for Athletes**

We have a VERY clear and specific vision and mission about what youth track and field practices should be and about what youth and adult behavior should be. Participation by the athletes and parents is strictly voluntary. Anyone who finds our vision and methods incompatible with their own should reconsider participating. Shocker Track Club is about development of character, respect, friendships and teamwork. We will NOT compromise these principles at any time. Athletes are expected to support teammates at all times. We will teach and expect positive behavior at all times. Mistreating or making fun of teammates will ABSOLUTELY NOT be tolerated. Athletes are expected to be attentive and not disruptive. ANY disruptive behavior will result in being dismissed from practice. Continued disruptive behavior may warrant dismissal from the team.

**Participation Conditions for Parents**

The Director and Assistant Director are in charge of the Youth program. Coaches are in charge of practices. What they say goes! If you have questions about an aspect of the program, you are strongly encouraged to contact the Youth Team Director or Assistant Director. An athlete or parent that fails to comply with the coaches’ estimation of what these principles entail, will be counseled. Any repetition of behavior will result in being expelled from practice and/or from the team. When we participate in events, we expect the officials of the event to be treated with complete respect and appreciation. If there is an issue with the officials, simply contact one of the Shocker Track Club coaches. The coaches will handle ALL issues with the officials.

**Keeping You Informed**

Brief parent meetings may be held before each practice. A team newsletter will be issued bi-monthly via email. STC maintains a website – [www.ShockerTrackClub.com](http://www.ShockerTrackClub.com), two Youth Facebook pages (Shocker TC – Youth and Shocker Track Club Youth Team), and will also have a Twitter account. If you have questions about an aspect of the program, you are strongly encouraged to contact the Youth Team Director or Assistant Director.



**2015 – 2015 Shocker Track Club Youth and Open Indoor Team**

**MEMBERSHIP OVERVIEW**

2015 - 2016 TEAM LEADERSHIP

**About Our Leadership Members and Coaches**

All STC Leadership Members and Coaches have completed a Shocker Track Club Leadership/Coach Application, are USATF Members, and have passed a USATF background check.

**Head Pole Vault Coach**

Denis Fraizer (Phone – 316-680-0852) ([polevault@shockertrackclub.com](mailto:polevault@shockertrackclub.com))

CPR/AED Certified

*Former Wichita State Pole Vaulter and current GWAL Head Pole Vault Coach*

**Assistant Pole Vault Coaches**

Travis Ford

*Former Wichita State and Fort Hays State Pole Vaulter and current High School Coach*

Andrew Brown

*Former University of Nebraska at Kearney Pole Vaulter*

Jaimie Bookout

*Former University of Kansas Pole Vaulter*

Travis Wyss

*Former Hutchinson Junior College Vaulter and current High School Coach*

Doug Mitchell

*Former Wichita State Multi-Athlete*

Ken Wheeler

*Really Cool Dad!*

**STC President and Team Dad**

Darren Muci (Phone – 316-993-6824) (president@shockertrackclub.com)

**Assistant Team Mom**

Chandra Andrews ([Chandra.andrews7@gmail.com](mailto:Chandra.andrews7@gmail.com))



**KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2015 - 2016**

**All student athletes and parents/guardians must review this form before the student participates in any athletic practice**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

**What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**Symptoms or Signs May Include One of More of the Following**

* Headaches, “Pressure in head”, Nausea or vomiting, Neck pain, Balance problems, dizziness, Blurred or double or fuzzy vision, Sensitivity to light or noise, Feeling sluggish or slowed down, Feeling foggy or groggy, Drowsiness, Change in sleep patterns, Amnesia, “Don’t feel right”, Fatigue or low energy, Sadness Nervousness or anxiety, Irritability, More emotional, Confusion, Concentration or memory problems, (forgetting game plays), Repeating the same question or comment, Appears dazed or vacant facial expression, Confused about assignment, Forgets plays Is unsure of game, score, or opponent, Moves clumsily or displays incoordination, Answers questions, slowly, Slurred speech, Shows behavior or personality changes, Can’t recall events prior to hit or after hit, Seizures or convulsions, Any change in typical behavior or personality, Loses consciousness.

**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after sustaining a concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child’s coach if you think that your child may have a concussion Remember it is better to miss one game than miss the whole season. When in doubt, the athlete sits out!

**Cognitive Rest & Return to Learn**

The first step to concussion recovery is cognitive rest. This is essential for the brain to heal. Activities that require concentration and attention such as trying to meet academic requirements, the use of electronic devices (computers, tablets, video games, texting, etc.), and exposure to loud noises may worsen symptoms and delay recovery. Students may need their academic workload modified while they are initially recovering from a concussion. Decreasing stress on the brain early on after a concussion may lessen symptoms and shorten the recovery time. This may involve staying home from school for a few days, followed by a lightened school schedule, gradually increasing to normal. Any academic modifications should be coordinated jointly between the student’s medical providers and school personnel. No consideration should be given to returning to physical activity until the student is fully integrated back into the classroom setting and is symptom free. Rarely, a student will be diagnosed with post-concussive syndrome and have symptoms that last weeks to months. In these cases, a student may be recommended to start a non-contact physical activity regimen, but this will only be done under the direct supervision of a healthcare provider.

**Return to Practice and Competition**

The Kansas School Sports Head Injury Prevention Act provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The KSHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The KSHSAA also recommends that an athlete’s return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:

http://www.cdc.gov/concussion/HeadsUp/youth.html <http://www.kansasconcussion.org>



Shocker Track Club Youth/Open Pole Vault Registration Form

2015 – 2016 Indoor Season

ATHLETE INFORMATION (please print)

YOU MUST HAVE A COPY OF YOUR CHILD’S BIRTH CERTIFICATE IF YOUR CHILD WILL COMPETE IN USATF OR AAU TRACK MEETS.

|  |
| --- |
| Athlete Name: |
| Birthdate: Age: Size (circle): Youth/Adult S M L XL 2X |

|  |
| --- |
| Athlete #2 Name: |
| Birthdate: Age: Size (circle): Youth/Adult S M L XL 2X |

|  |
| --- |
| Athlete #3 Name: |
| Birthdate: Age: Size (circle): Youth/Adult S M L XL 2X |

|  |
| --- |
| Athlete #4 Name: |
| Birthdate: Age: Size (circle): Youth/Adult S M L XL 2X |

PARENT/GUARDIAN INFORMATION

|  |
| --- |
| Parent (s)/Guardian Name: |
| Current Address: |
| City/State/Zip |
| Home Phone: Work: Cell: |
| Email: |

|  |
| --- |
| Emergency Contact: |
| Home Phone: Work: Cell: |
| Email: |

|  |
| --- |
| MY CHILD WILL BEGIN PRACTICE IN (Circle) – NOVEMBER/DECEMBER ($160) or JANUARY/FEBRUARY ($100)  Method of payment: **□** Cash □ Check/Money Order\_\_\_\_\_\_\_\_\_\_ □ Credit Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please make checks/money orders payable to “Shocker Track Club” |
| Credit/Debit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3-digit Code \_\_\_\_\_\_\_\_\_\_\_\_\_  Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SHOCKER TRACK CLUB USE ONLY! CHECK NUMBER AMOUNT DATE |
|  |
|  |



Shocker Track Club

**2015 – 2016 INDOOR Youth/Open Pole Vault Team**

**ATHLETE RELEASE FORM**

**Athlete’s Name Date**

**Athlete’s Name Date**

**Athlete’s Name Date**

**Athlete’s Name Date**

**Public Release Form**

I give permission to the Shocker Track Club to use my name or my child’s name, picture, or statement for the purpose of promoting, advertising, and raising money for the Shocker Track Club.

\_\_\_\_\_ (Initial)

**Parent’s Responsibilities**

Parents are important to the success of the athlete and the track club. Therefore, we ask the parents to observe the following guidelines:

* Maintain a positive attitude
* Realize that once an athlete is at a given facility, they are under the supervision/jurisdiction/guidelines of the coaching staff
* Insure that the athlete is at practice and at meets on time
* Provide transportation for the athlete to and from practice and meets or arrange carpooling
* Remain in the seating area at practice and meets

\_\_\_\_\_ (Initial)

**Athlete’s Responsibilities**

Athletes represent our organization, the coaching staff, their families, and themselves. We expect all athletes to observe the following guidelines:

1. Respect others and their property including your coaches (and their decisions)
2. Accept constructive feedback
3. Put forth a 100% effort during practice and meets
4. **BE ON TIME** and stay in assigned areas
5. Eat properly. Junk food (pop, candy, chips, cookies, etc.) is not allowed before or during practice or at meets.
6. Attend all practices and meets
7. Compete in assigned or designated events
8. Use appropriate language at all times (Inappropriate language will not be tolerated)
9. Avoid the use of illegal drugs and alcohol
10. Avoid fighting

\_\_\_\_\_ (Initial)

**Medical Conditions**

No\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_\_\_\_Condition

Medication or Special Attention Required?

\_\_\_\_\_ (Initial)



Shocker Track Club

**2015 - 2016 Indoor Youth/Open Pole Vault Team**

**MEDICAL RELEASE FORM**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian’s Name) hereby give permission for any and all medical attention to be administered to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

any and all medical attention to be administered to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

any and all medical attention to be administered to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

any and all medical attention to be administered to my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I have reviewed the KSHSAA Concussion Form. Additionally, in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, I also assume the responsibility for the payment of any medical treatment. This release is effective as long as my child is a member of the Shocker Tracker Club.

**ADDRESS:**

**HOME PHONE:**

**INSURANCE COMPANY:**

**POLICY NUMBER:**

**In case I cannot be reached, any of the following persons is designated to act on my behalf:**

**PHYSICIAN:**

**ADDRESS:**

**PHONE:**

**KNOWN ALLERGIES:**

**SIGNATURE (PARENT/GUARDIAN):**

**DATE:**



Shocker Track Club Youth/Open Pole Vault Uniform Order Form

2015 – 2016 Indoor Season

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ITEM | IMAGE | SIZE | COST | EXT COST |
| Athlete  Team T-Shirt  Long-sleeve | Example ONLY! | Select One for Each Youth Registered  Youth Sizes  S M L XL  S M L XL  S M L XL  Adult Sizes  S M L XL XXL  S M L XL XXL  S M L XL XXL | $0.00  (Cost included with registration) | $0.00 |
| Athlete Competition Jersey  (Athlete must provide own shorts in solid black!) | Description: Description: Description: Description: Description: Description: Description: STC Logo Black-Yellow-White  Example ONLY! | Select One for Each Youth Registered  Youth Sizes  S M L XL  S M L XL  S M L XL  Adult Sizes  S M L XL XXL  S M L XL XXL  S M L XL XXL | Purchase One for Each Youth if desired  $18.00 |  |
| Parent T-Shirt | Example ONLY! | S M L XL XXL | $18.00 |  |
| Total Order  Make SEPARATE Check Payable to Shocker Track Club  Sales Tax Is Included! | | | |  |

ATHLETE NAME 1 ATHLETE NAME 2

ATHLETE NAME 3 ATHLETE NAME 4

PARENT NAME

ADDRESS

CITY STATE ZIP

PHONE EMAIL