

Shocker Track Club Youth Track & Field and Pole Vault

AMENDED 2018 – 2019 Indoor Registration Form

SELECT >> Track & Field \_\_\_ Pole Vault \_\_ Both Programs \_\_

ATHLETE INFORMATION (please print legibly)

You must have a copy of your child’s birth certificate if your chld will compete in USATF meets

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| --- |
| Athlete # 1 Name: M or F **Youth Email:** |
| Birthdate: Age: TShirt Size (check): Youth \_\_ / Adult \_\_ S M L XL 2X |
| Current USATF Membership Number: |

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| --- |
| Athlete #2 Name: M or F **Youth Email:** |
| Birthdate: Age: TShirt Size (check): Youth \_\_/ Adult \_\_ S M L XL 2X |
| Current USATF Membership Number: |

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| Athlete #3 Name: M or F **Youth Email:** |
| Birthdate: Age: TShirt Size (check): Youth \_\_/ Adult \_\_ S M L XL 2X |
| Current USATF Membership Number: |

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| Athlete #4 Name: M or F **Youth Email:** |
| Birthdate: Age: TShirt Size (check): Youth \_\_/ Adult \_\_ S M L XL 2X |
| Current USATF Membership Number: |

PARENT/GUARDIAN INFORMATION

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

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| --- |
| My Child will begin Track & Field practice in >> Oct ($150) \_\_ // Nov ($140) \_\_ // Dec ($130) \_\_ // **Jan ($130)** \_\_ // **Feb ($120)** \_\_  My Child will begin practice in Pole Vault in >> November ($180) \_\_ // December ($160) \_\_ // January ($140) \_\_ // Feb ($120) \_\_  Method of payment: **□** Cash □ Check/Money Order No. \_\_\_\_\_\_\_\_\_\_  Please make checks/money orders payable to “Shocker Track Club” |
| Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SHOCKER TRACK CLUB USE ONLY! CHECK NUMBER AMOUNT DATE |
|  |
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Shocker Track Club

**2018 - 2019 Youth Indoor Track and Field and 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** \_\_\_\_\_ (Initial)

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.

**Parent’s Responsibilities** \_\_\_\_\_ (Initial)

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

**Athlete’s Responsibilities** \_\_\_\_\_ (Initial)

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. Eat properly. Junk food (pop, candy, chips, cookies, etc.) is not allowed before or during practice or at meets.
5. Attend all practices and meets
6. Compete in assigned or designated events
7. Use appropriate language at all times (Inappropriate language will not be tolerated)
8. Avoid the use of illegal drugs and alcohol
9. Avoid fighting or any verbal or physical altercations with teammates or coaches.

**Concerns or Information to share with STC Youth Team Leadership**



Shocker Track Club

**2018 - 2019 Youth Track and Field and 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.

**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 MEDICAL CONDITIONS or ALLERGIES:**

**SIGNATURE (PARENT/GUARDIAN):**

**DATE:**



**SHOCKER TRACK CLUB**

**2018 - 2019 ATHLETE RECITAL**

**ATHLETES AND PARENTS MUST REVIEW AND SIGN THIS FORM**

This document is an agreement between the Shocker Track Club and (list all athlete’s names on the line below

As part of the Shocker Track Club you are a representative of the Club. Your actions can affect the way other individuals view the Club. As such it is expected that you portray yourself in a way that is not detrimental to the Club. You are expected to conduct yourself in a manner that represents the Shocker Track Club in a positive manner.

Criminal activity of any kind will not be tolerated. If the Club discovers that you are involved in any criminal activity you will be removed from the Club.

The Shocker Track Club reserves the right to terminate your participation should it find that your participation would negatively impact the Club.

If you wish to participate with the Shocker Track Club you must agree by initialing the following:

IF REGISTERING MORE THAN ONE ATHLETE THE PARENT/GUARDIAN SHOULD INITIAL BELOW

\_\_\_\_\_1. I agree to represent the club the Shocker Track Club in a positive manner and I will conduct myself in a manner that is representative of the values of the Shocker Track Club.

\_\_\_\_\_2. I will not put myself into a situation where criminal activity could occur.

\_\_\_\_\_3. I will respect the Team Leadership and Coaches and follow their rules that are set out for my participation in the Shocker Track Club.

\_\_\_\_\_4. I will not intentionally cause damage to any of the equipment or facilities that I am allowed to use as part of the Shocker Track Club.

\_\_\_\_\_5. I understand that if I do not fulfill my part of this contract I will be removed from the Shocker Track Club.

By signing/typing this document you agree to the terms set forth above.

Youth Athlete Signature Date

Athlete Parent/Guardian Date



Shocker Track Club Youth Indoor Track and Field and Pole Vault

Team Apparel Information

2018 – 2019 Indoor Season

ONLY complete this form if you want to purchase ADDITIONAL apparel or accessory items listed below.

STC Youth Team T-Shirts and Jerseys will be ordered and provided to each paid/registered athlete.

Youth and Adult sizes are available unless noted otherwise

Athlete Name

Parent Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Additional STC Apparel Items** | **COST** | **Size** | **Quantity** | **Total** |
| Additional Youth Team Long Sleeve T-Shirt | $15.00 |  |  |  |
| Additional Youth Team Competition Jersey | $15.00 |  |  |  |
| STC Sweatshirt (black) | $25.00 |  |  |  |
| STC Beanie Cap (bumblebee colors) | $15.00 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please review all of your information to make certain that it is correct.

Click the SUBMIT button below to submit this entire Registration Packet form to Shocker Track Club.

**Clicking submit will open up your primary email account with an email addressed to** [**youth@shockertrackclub.com**](mailto:youth@shockertrackclub.com) **and** [**asstyouth@shockertrackclub.com**](mailto:asstyouth@shockertrackclub.com) **This completed document will be saved in pdf form and attached to the email. Click the send key to send your email.**

**SUBMITT**

Order Date

Fulfillment Date Paid