



Shocker Track Club Youth Track & Field and Pole Vault 2019 – 2020 Indoor Registration Form

ATHLETE INFORMATION (please TYPE or print legibly)

SELECT >> Track & Field ☐

Pole Vault ☐

Both Programs ☐

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

| | | |
|------------------------------|--|--|
| Athlete No. 1 Name: | <input type="checkbox"/> M or <input type="checkbox"/> F | Youth Email: |
| Birthdate: | Age: | TShirt Size (check): Youth <input type="checkbox"/> / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X |
| Current USATF Membership No: | Current School and Grade: | |

| | | |
|------------------------------|--|--|
| Athlete No. 2 Name: | <input type="checkbox"/> M or <input type="checkbox"/> F | Youth Email: |
| Birthdate: | Age: | TShirt Size (check): Youth <input type="checkbox"/> / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X |
| Current USATF Membership No: | Current School and Grade: | |

| | | |
|------------------------------|--|--|
| Athlete No. 3 Name: | <input type="checkbox"/> M or <input type="checkbox"/> F | Youth Email: |
| Birthdate: | Age: | TShirt Size (check): Youth <input type="checkbox"/> / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X |
| Current USATF Membership No: | Current School and Grade: | |

| | | |
|------------------------------|--|--|
| Athlete No. 4 Name: | <input type="checkbox"/> M or <input type="checkbox"/> F | Youth Email: |
| Birthdate: | Age: | TShirt Size (check): Youth <input type="checkbox"/> / Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2X |
| Current USATF Membership No: | Current School and Grade: | |

PARENT/GUARDIAN INFORMATION

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

My Child will begin Track & Field practice in > October (\$175) ☐ / November (\$165) ☐ / December (\$155) ☐ / January (\$145) ☐ / February (\$135) ☐
My Child will begin Pole Vault practice in >> November (\$190) ☐ // December (\$170) ☐ // January (\$150) ☐ // February (\$130) ☐
(If registering for both programs \$40 will be deducted if only one set of apparel and amenities is desired.)

Method of payment: ☐ Cash ☐ Check/Money Order No. _____

Please make checks payable to "Shocker Track Club"

SHOCKER TRACK CLUB USE ONLY! CHECK NUMBER _____ AMOUNT _____ DATE _____



ATHLETE SUPPORT INFORMATION

How did you find out about Shocker Track Club Youth Track &Field Team and Pole Vault?

| We are Returners | STC Website | A Friend/Family | Vype Magazine | STC Facebook/Twitter |
|------------------|-------------|-----------------|---------------|----------------------|
| | | | | |

| | |
|-------------------------------|--------|
| Athlete No. 1 Name: | Grade: |
| Preferred Events: | |
| Personal Best Marks: | |
| My Indoor Training Goals are: | |
| | |
| | |

| | |
|-------------------------------|--------|
| Athlete No. 2 Name: | Grade: |
| Preferred Events: | |
| Personal Best Marks: | |
| My Indoor Training Goals are: | |
| | |
| | |

| | |
|-------------------------------|--------|
| Athlete No. 3 Name: | Grade: |
| Preferred Events: | |
| Personal Best Marks: | |
| My Indoor Training Goals are: | |
| | |
| | |

| | |
|-------------------------------|--------|
| Athlete No. 4 Name: | Grade: |
| Preferred Events: | |
| Personal Best Marks: | |
| My Indoor Training Goals are: | |
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| Is There Anything Else That You Would Like To Share With Us? |
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Shocker Track Club

2019 – 2020 Youth Indoor Track & Field and Pole Vault ATHLETE RELEASE FORM

Athlete's No. 1 Name _____ Date _____

Athlete's No. 2 Name _____ Date _____

Athlete's No. 3 Name _____ Date _____

Athlete's No. 4 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

2019 – 2020 Youth Indoor Track & Field Team and Pole Vault MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for

any and all medical attention to be administered to my child No. 1 _____.

any and all medical attention to be administered to my child No. 2 _____.

any and all medical attention to be administered to my child No. 3 _____.

any and all medical attention to be administered to my child No. 4 _____.

In consideration of being allowed to participate in, or assisting others in participating in, the Shocker Track Club Team Practice, its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself, and on behalf of my heirs, assign personal representatives and next of kin, hereby release and hold harmless **The Shocker Track Club, Inc and USA Track & Field (USATF)** their officers, officials, agents and/or employees, other participants, sponsoring agencies, advertisers, sponsors, and, if applicable, owners and lessors of premises used to conduct the practice or event ("releasees"), and in particular, **Wichita State University, or Unified School District 259, and USA Track and Field**, with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise.
5. By affixing my signature hereto, I attest that I am physically fit and have trained sufficiently for the activities in which I intend to participate and the events I have chosen to enter. The Shocker Track Club, Inc. and its representatives, employees, and volunteers have permission to obtain immediate medical care and I consent to hospitalization, the performance of necessary diagnostic tests, the use of surgery, and/or the administration of drugs in an emergency. I understand that I am responsible for payment of medical expenses.

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: _____

PHYSICIAN: _____

PHONE: _____

KNOWN MEDICAL CONDITIONS or ALLERGIES: _____

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____



**SHOCKER TRACK CLUB
2019 – 2020 Youth Indoor 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 Outdoor Track and Field
Team Apparel Information
2019 - 2020 Outdoor Season

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

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

Youth and Adult sizes are available unless noted otherwise

Athlete Name _____

Parent Name _____

| Additional STC Apparel Items (limited quantities) | COST | Size | Quantity | Total |
|---|-------------|-------------|-----------------|--------------|
| Additional Youth Team Competition Jersey | \$15.00 | | | |
| Youth STC Youth Team Alternate T-Shirt (limited quantities) | \$10.00 | | | |
| STC Crew Neck Sweatshirt (limited quantities) | \$15.00 | | | |
| STC Hoodie Sweatshirt (New item this season!) | \$25.00 | | | |



SHOCKER TRACK CLUB
2019 – 2020 YOUTH INDOOR Track & Field and Pole Vault
REGISTRATION FORM SUBMITTAL PAGE

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 . This completed document will be saved in pdf form and attached to the email. Click the send key to send your email.

SUBMIT

DO NOT TYPE ANYTHING BELOW THE LINE!

=====
Order Date _____

Fulfillment Date _____ Paid _____