



# Shocker Track Club Youth Track & Field

## 2022-2023 INdoor Registration Form

### ATHLETE INFORMATION (please TYPE or print legibly)

Date \_\_\_\_\_

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

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

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

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

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

Registration Joiner Month for Track & Field: October ( <input type="checkbox"/> ) / November ( <input type="checkbox"/> ) / December ( <input type="checkbox"/> ) / January ( <input type="checkbox"/> ) / February ( <input type="checkbox"/> )		
Payment Methd: <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ (Payable to "Shocker Track Club") <input type="checkbox"/> Venmo (@Darren-Muci-STC )		
SHOCKER TRACK CLUB USE ONLY! CHECK NUMBER _____ AMOUNT _____ DATE _____		



**Shocker Track Club**  
**ATHLETE SUPPORT INFORMATION**  
**2022-2023 Youth INdoor Program**

**How did you find out about the Shocker Track Club Youth Track & Field Team?**

We are Returners	STC Website	A Friend/Family	My Child's School Coach	STC Social Media

**Shocker Track Club Youth Leadership (STC) sends out weekly Newsletters via email. Provide an email address that you will check regularly to receive and review important information.**

**Email:** \_\_\_\_\_ **Optional Email:** \_\_\_\_\_

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

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

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

Athlete No. 4 Name:	Grade:
Preferred Events:	
Personal Best Marks:	
My Training Goals are:	

Is There Anything Else That You Would Like To Share With Us?



**Shocker Track Club**  
**2022-2023 Youth INdoor Track & Field Team**  
**MEDICAL RELEASE FORM**

In consideration of allowing myself and/or my child/children to participate in, or assist others in participating in, the Shocker Track Club, Inc., Youth Team practice program, its related events and activities, the undersigned acknowledges, appreciates, and agrees that:

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 \_\_\_\_\_.

1. The risk of injury involved in this program is significant, including the potential for COVID-19, illnesses of all types, paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious illness and/or injury does exist; and,
2. I and/or my child/children 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 and/or my child/children willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I and/or my child/children observe any unusual significant hazard during my presence or participation, I and/or my child/children will remove we from participation and bring such to the attention of the nearest STC representative immediately; and,
4. I and/or my child/children, 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 and/or my child/children attest that I am physically fit and have trained sufficiently for the activities in which I and/or my child/children intend to participate and the events I and/or my child/children 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.
6. I have reviewed the accompanying 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/children 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**  
**2022-2023 Youth INdoor**  
**ATHLETE RECITAL**

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

This page is an agreement between the **Shocker Track Club** and (all athlete's names) on the line below

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

**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.

**USATF Membership for Transportation to Track Meets** [ ] (Initial)

If I request my child to be transported to/from any indoor track meet by STC Youth Team Leaders or Coaches I agree to acquire a current year USATF membership for my child and assign them to Shocker Track Club no. 28-4080.

**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
- ❖ 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. Attend as many practices as possible, put forth a 100% effort during practice and meets, and accept constructive feedback
3. Always use appropriate language (Inappropriate language will not be tolerated)
4. Avoid the use of illegal drugs and alcohol
5. Avoid fighting or any verbal or physical altercations with teammates or coaches.

[ ] 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.

Youth Athlete Signature/Initial \_\_\_\_\_ Date \_\_\_\_\_

Athlete Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**SHOCKER TRACK CLUB**  
**2022-2023 YOUTH INDOOR Track & Field**  
**REGISTRATION FORM SUBMITTAL PAGE**

**Please review all of your information in the previous pages 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) . This completed document will be saved in pdf form and attached to the email. Click the send key to send your email.

*NOTE – If the above instructions are unsuccessful, please save the completed document and attach it to an email addressed to [president@shockertrackclub.com](mailto:president@shockertrackclub.com)*

**SUBMIT**

**DO NOT TYPE ANYTHING BELOW THE LINE!**

Registration Date \_\_\_\_\_

Fulfillment Date \_\_\_\_\_ Paid \_\_\_\_\_