

SHOCKER TRACK CLUB

2015 YOUTH OUTDOOR SEASON

PARENT INFORMATION and ATHLETE REGISTRATION FORMS

Dated April 14, 2015

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2015 Shocker Track Club Youth OUTDOOR Team TEAM MEMBERSHIP REGISTRATION OVERVIEW

INFORMATIONAL MEETINGS

Tuesday, April 14, 2014 at 700p and Monday, May 18, 2014 at 700p Wichita State University Track and Field Team Room in Cessna Stadium

REGISTRATION FEES and FEE PAYMENT DUE DATES

Join in April - \$190// Join in May - \$175 // Join in June - \$125 FEES ARE TO BE PAID ALL AT ONCE IN CASH, CHECK, OR DEBIT/CREDIT CARD NO REFUNDS AFTER $2^{\rm ND}$ PRACTICE

To Help Us With T-Shirt Orders, Note The Following Joiner Fee Due Dates - April Fees due – April 21, 2015 // May Fees due – April 28, 2015 // June Fees due – May 26, 2015

ALL FEES INCLUDE

Practice Time and Coaching Team T-Shirt

Free Participation in Wichita State Thursday Night Summer Series Track Meets in June/July at Cessna Stadium

FEES DO NOT INCLUDE

Any Meet Entry Fees EXCEPT FOR Shocker Summer Series Thursday Night Meets Parent T-Shirt (\$18) and STC Team Jersey (\$15)

PRACTICE LOCATION

Practices will be held on the Wichita State University Cessna Stadium Track or on the WSU Campus

PRACTICES DATES

During April, practices will be held on Tuesdays and Thursdays from 600p to 700p
Basic Training will be provided focusing on warm-up, fitness, and running.
No training for any field events will be provided in April and May!

Scheduled Practice Dates in April – 21, 23, 28, 30

During May, practices will be held on Tuesdays, Wednesdays and Thursdays from 645p to 815p Scheduled Practice Dates in May – 5, 6, 7, 12, 13, 14, 19, 20, 21, 26, 27, 28 (alternate location possible)

During June and July, practices will be held on Mondays, Tuesdays, and Wednesdays from 645p to 815p Specific training will be provided for Distance, Sprinting, Pole Vault, Throws, and Long/Triple Jump Pole Vault Practice Begins on June 8

Training in other areas will be announced as Coaches are identified Scheduled Practice Dates June – 1, 2, 3, 8, 9, 10, 15, 16, 17, 22, 23, 24, 29, 30 Scheduled Practice dates July – 1, 6, 7, 8, 13, 14, 15, 20, 21, 22, 27, 28, 29



2015 Shocker Track Club YOUTH OUTDOOR Team TENTATIVE 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 (Assign your child to Club 28-4080)

AAU Youth Membership \$20 www.aausports.org

FOR USATF MEMBERSHIPS

To verify an athlete's date-of-birth, parents must forward a scanned copy of your child's birth certificate to Monica Joannes at membership@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 -

May 10, 2015 – Hesston, Kansas

May 25, 2015 – Garden Plain, Kansas

June 6, 2015 – AAU District Qualifier – El Dorado, Kansas

June 13, 2015 – Track and Field United Track Meet – Junction City, Kansas

June 25-28 – AAU National Qualifier - Joplin, Missouri

July 10-11, 2015 - Sunflower State Games – Topeka, Kansas

OTHER TRACK MEETS

Information regarding other track meets will be provided as soon as it is available.



2015 Shocker Track Club YOUTH OUTDOOR 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 youth program is for athletes ages 5 to 18. 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 will be held before each practice. A team newsletter will be issued bi-monthly via email. STC maintains a website – www.ShockerTrackClub.com, a Youth Facebook page (Shocker TC – Youth), 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 Shocker Track Club OUTDOOR Team MEMBERSHIP OVERVIEW

2015 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.

Director

Cole Davis (Phone – 785-282-0830) CPR/AED Certified and USATF Level 1 Certified Coach Friends University Head Women's Track Coach

Assistant Director

Shamoya Pruitt (Phone – 316-727-4599) CPR/AED Certified Shocker Track Club Elite Team Member

Team Mom

Anita Curtis (Phone – 620-253-2858)

Former high school coach

Team Head Coach

Curtis Hernandez (Phone – 316-258-9369)
Certified Occupational Therapy Assistant COTA/L and former collegiate athlete

President, Shocker Track Club

Darren Muci (Phone - 316-993-6824)

Event Head Coaches

Denis Fraizer – Pole Vault (Phone – 316-680-0852)
Sprints/Hurdles – Shamoya Pruitt (Phone – 316-727-4599)
Distance – Curtis Hernandez (Phone - 316-258-9369)
Multi-Events – Cole Davis (Phone - 785-282-0830)

Assistant Coaches

Distance – Anita Curtis, Donna Hernandez Pole Vault – Travis Ford, Andrew Brown Throws – Skyler Arneson and Craig Curtis Horizontal Jumps – Shazz Michael-Lindo

Wichita State University and Friends University Athlete Coaches

To be announced in June



KSHSAA RECOMMENDED CONCUSSION & HEAD INJURY INFORMATION RELEASE FORM 2014-2015

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 Registration Form 2015 Outdoor 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.

Birthdate: Age: Size (circle): Youth/Adult S Athlete #2 Name: Birthdate: Age: Size (circle): Youth/Adult S Athlete #3 Name: Birthdate: Age: Size (circle): Youth/Adult S Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S PARENT/GUARDIAN INFORMATION Parent (s)/Guardian Name: Current Address: City/State/Zip Home Phone: Work: Cell: Email: Emergency Contact: Home Phone: Work: Cell: Email:	M L XL 2X
Birthdate: Age: Size (circle): Youth/Adult S Athlete #3 Name: Birthdate: Age: Size (circle): Youth/Adult S Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S PARENT/GUARDIAN INFORMATION Parent (s)/Guardian Name: Current Address: City/State/Zip Home Phone: Work: Cell: Email: Emergency Contact: Home Phone: Work: Cell: Email:	M L XL 2X
Birthdate: Age: Size (circle): Youth/Adult S Athlete #3 Name: Birthdate: Age: Size (circle): Youth/Adult S Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S PARENT/GUARDIAN INFORMATION Parent (s)/Guardian Name: Current Address: City/State/Zip Home Phone: Work: Cell: Email: Emergency Contact: Home Phone: Work: Cell: Email:	M L XL 2X
Athlete #3 Name: Birthdate: Age: Size (circle): Youth/Adult S Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S PARENT/GUARDIAN INFORMATION Parent (s)/Guardian Name: Current Address: City/State/Zip Home Phone: Work: Cell: Email: Emergency Contact: Home Phone: Work: Cell: Email:	M L XL 2X
Birthdate: Age: Size (circle): Youth/Adult S Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S PARENT/GUARDIAN INFORMATION Parent (s)/Guardian Name: Current Address: City/State/Zip Home Phone: Work: Cell: Email: Emergency Contact: Home Phone: Work: Cell: Email:	
Birthdate: Age: Size (circle): Youth/Adult S Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S PARENT/GUARDIAN INFORMATION Parent (s)/Guardian Name: Current Address: City/State/Zip Home Phone: Work: Cell: Email: Emergency Contact: Home Phone: Work: Cell: Email:	
Athlete #4 Name: Birthdate: Age: Size (circle): Youth/Adult S PARENT/GUARDIAN INFORMATION Parent (s)/Guardian Name: Current Address: City/State/Zip Home Phone: Work: Cell: Email: Emergency Contact: Home Phone: Work: Cell: Email:	
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Email: Emergency Contact: Home Phone: Work: Cell: Email:	
Emergency Contact: Home Phone: Work: Cell: Email:	
Home Phone: Work: Cell: Email:	
Home Phone: Work: Cell: Email:	
Email:	
MY CHILD WILL BEGIN PRACTICE IN (Circle) – APRIL (\$190) MAY (\$175) JUNE/JULY(\$125)	
MY CHILD WILL BEGIN PRACTICE IN (Circle) – APRIL (\$190) MAY (\$175) JUNE/JULY(\$125)	
Method of payment: Check/Money Order Credit Card	
Please make checks/money orders payable to "Shocker Track Club"	
Credit/Debit Card Number	
Parent Signature: Date:	;it Code
SHOCKER TRACK CLUB USE ONLY! CHECK NUMBER AMOUNT DATE	



2015 OUTDOOR Youth Team ATHLETE RELEASE FORM

Atniete'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 of guidelines:	under the supervision/jurisdiction/guidelines of the coaching staff
Athlete's Responsibilities Athletes represent our organization, the coaching staff, their famil following guidelines: 1. Respect others and their property including your coached. 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, ed) 6. Attend all practices and meets 7. Compete in assigned or designated events 8. Use appropriate language at all times (Inappropriate) 9. Avoid the use of illegal drugs and alcohol 10. Avoid fighting [Initial]	ches (and their decisions) etc.) is not allowed before or during practice or at meets.
Medical Conditions No Yes Condition Medication or Special Attention Required?	
(Initial)	



2015 Outdoor Youth Team MEDICAL RELEASE FORM

I,(Pare	ent/Guardian's Name) hereby give permission for
any and all medical attention to be administered to my chil	d
any and all medical attention to be administered to my chil	
any and all medical attention to be administered to my chil	d
any and all medical attention to be administered to my chil	
I have reviewed the KSHSAA Concussion Form. Additionally under the direction of the person(s) listed below, until such responsibility for the payment of any such treatment. This of the Shocker Tracker Club.	time as I may be contacted. I also assume the
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 Uniform Order Form 2015 Outdoor Season

2015 Outdoor Season						
ITEM	IMAGE	SIZE	COST	EXT COST		
Athlete Team T-Shirt	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	\$0.00 (Cost included with registration)	\$0.00		
Athlete Competition Jersey	SHOCKE	Select One for Each Youth Registered Youth Sizes S M L XL S M L XL	Purchase One for Each Youth if desired			
(Athlete must provide own shorts in solid black!)	Example ONLY!	S M L XL Adult Sizes S M L XL XXL S M L XL XXL S M L XL XXL	\$18.00			
Parent T-Shirt	SHOCKER	S M L XL XXL	\$18.00			
	Example ONLY!					
	Total (
Make SEP	ARATE Check Paya		rack Club			
	Sales Tax Is	incluaea:				

ATHLETE NAME 1	_ATHLETE NAME 2	
ATHLETE NAME 3	_ATHLETE NAME 4	
PARENT NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	