



Shocker Track Club Youth Membership Form 2014 - 15 (INDOOR POLE VAULT)

Family Information (please print) **MUST PROVIDE A COPY OF BIRTH CERTIFICATE**

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

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

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

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

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

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

Membership Level (circle one): Developmental, Competitive, Elite (Invitation Only) Fee: _____

** Fee breakdown is located on the following page

Method of payment: Cash Check/Money Order _____ Credit Card _____
Please make checks/money orders payable to "Shocker Track Club"

Parent Signature: _____ Date: _____
(Your signature confirms that you have read & agree to the items in this membership packet)



Shocker Track Club

2014 – 2015 Indoor Pole Vault Youth Team PARTICIPANT RELEASE FORM

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

2014 – 2015 Indoor Youth 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 _____.

(Child's name) 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 such 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

2014 – 2014 Indoor Youth Pole Vault Team

PARTICIPANT SIGNATURE CONSENT FORM

I, hereby, give permission for any USATF Member, background checked, Shocker Track Club Coach and/or administrator to sign my name for the purposes of enrollment or advancement in USA Track and Field and/or AAU Athletics competitions. This permission is granted as long as my child is an active member of the Shocker Track Club.

ATHLETE'S NAME:

SIGNATURE (PARAENT/GUARDIAN):

DATE:

ATHLETE'S NAME:

SIGNATURE (PARAENT/GUARDIAN):

DATE:

ATHLETE'S NAME:

SIGNATURE (PARAENT/GUARDIAN):

DATE:



**2014 – 2015 Indoor Youth Pole Vault Team
MEMBERSHIP OVERVIEW**

Head Coaches

Denis Fraizer and Travis Ford

Assistant Coaches

Ken Wheeler and Travis Wynn

Practice Location

Practices are held at Northeast Magnet High School in the Main Gymnasium – Upper Level
5550 North Lycee (this is east of Rock Road on 53rd Street North) in Bel Aire, Kansas

Registration Fee:

\$160

(Approximately \$4.70 per practice if attending all sessions)

Fees Include:

Practice time on the following days/times

Tuesdays and Thursdays – 630pm to 830pm and Saturdays – 100pm to 400pm

November (4 practice sessions) – 18, 20, 22, 25

December (9 practice sessions) – 2, 4, 6, 9, 11, 13, 16, 18, 20

January (12 practice sessions) - 6, 8, 10, 13, 15, 17, 20, 22, 24, 27, 29, 31

February (9 practice sessions) - 3, 5, 7, 10, 12, 14, 17, 19, 21

USATF Membership Card for 2015

(\$20 value)

Team T-Shirt

(\$15 value)

Registration for STC Bill Butterworth Indoor Masters/Open Meet on Saturday, January 31, 2015

(\$10 value)

Fees DO NOT include –

Meet entry fees (except for STC Bill Butterworth Indoor Masters/Open Meet)

Transportation to/from any meets

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