

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: Fmail: Athlete Name: Birthday: Size (circle): Youth/Adult S M L XL 2X Age: Athlete #2 Name: Size (circle): Youth/Adult S M L XL 2X Birthday: Age: Athlete #3 Name: Birthday: Size (circle): Youth/Adult S M L XL 2X Age: Athlete #4 Name: Birthday: Size (circle): Youth/Adult S M L XL 2X Age: Membership Level (circle one): Developmental, Competitive, Elite (Invitation Only) Fee:

Please make checks/money orders payable to "Shocker Track Club"

** Fee breakdown is located on the following page

Parent Signature: _

Method of payment: □ Cash □ Check/Money Order □ Credit Card

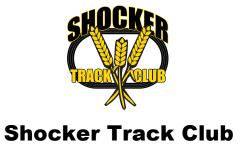
(Your signature confirms that you have read & agree to the items in this membership packet)



Shocker Track Club

2014 – 2015 Indoor Pole Vault Youth Team PARTICIPANT RELEASE FORM

Athlete's Name _	Date
Public Release Form	
	he Shocker Track Club to use my name or my child's name, picture, or statement for the purpose of promoting, ng money for the Shocker Track Club.
Parent's Responsibil	ities
	t to the success of the athlete and the track club. Therefore, we ask the parents to observe the following
guidelines:	
Maintain a p	ositive attitude
	once an athlete is at a given facility, they are under the supervision/jurisdiction/guidelines of the coaching staff he athlete is at practice and at meets on time
Provide trans	sportation for the athlete to and from practice and meets or arrange carpooling
Remain in the	ne seating area at practice and meets
(Initial)	
Athlete's Responsibi	lities
Athletes represent or	ur organization, the coaching staff, their families, and themselves. We expect all athletes to observe the
following guidelines:	
 Respect 	others and their property including your coaches (and their decisions)
2. Accept	constructive feedback
Put fort	h a 100% effort during practice and meets
	TIME and stay in assigned areas
	perly. Junk food (pop, candy, chips, cookies, etc) is not allowed before or during practice or at meets.
	all practices and meets
•	e in assigned or designated events
	propriate language at all times (Inappropriate language will not be tolerated)
	ne use of illegal drugs and alcohol
10. Avoid fi	ghting
(Initial)	
Medical Conditions	
No Yes	Condition
Nandination on Consider	LAstantian Danvinad?
	I Attention Required?
(Initial)	



2014 – 2015 Indoor Youth Pole Vault Team MEDICAL RELEASE FORM

l,	(Parent/Guardian's Name) hereby give permission for
any and all medical attention to be adm	ninistered to my child
until such time as I may be contacted. I	injury, sickness, etc., under the direction of the person(s) listed below, also assume the responsibility for the payment of any such treatment. nild is a member of the Shocker Tracker Club.
ADDRESS:	
HOME PHONE:	
INSURANCE COMPANY:	
POLICY NUMBER:	
In case I cannot be reached, any of the PHYSICIAN:	following persons is designated to act on my behalf:
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