



Shocker Track Club Youth Track & Field and Pole Vault 2018 – 2019 Indoor Registration Form

SELECT >> Track & Field **Pole Vault** **Both Programs**

ATHLETE INFORMATION (please print)

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

Athlete #1 Name:		M <input type="checkbox"/> or F <input type="checkbox"/>	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 <input type="checkbox"/>		
Current USATF Membership Number:				

Athlete #2 Name:		M <input type="checkbox"/> or F <input type="checkbox"/>	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 <input type="checkbox"/>		
Current USATF Membership Number:				

Athlete #3 Name:		M <input type="checkbox"/> or F <input type="checkbox"/>	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 <input type="checkbox"/>		
Current USATF Membership Number:				

Athlete #4 Name:		M <input type="checkbox"/> or F <input type="checkbox"/>	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 <input type="checkbox"/>		
Current USATF Membership Number:				

PARENT/GUARDIAN INFORMATION

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

My Child will begin Track & Field practice in >> Oct (\$150) // Nov (\$140) // Dec (\$130) // Jan (\$120) // Feb (\$110)
 My Child will begin practice in Pole Vault in >> November (\$180) // December (\$160) // January (\$140) // Feb (\$120)

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

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

Parent Signature: _____ Date: _____

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



Shocker Track Club

2018 - 2019 Youth Indoor Track and Field and Pole Vault Team

ATHLETE RELEASE FORM

Athlete's Name _____ Date _____

Athlete's Name _____ Date _____

Athlete's Name _____ Date _____

Athlete's Name _____ Date _____

Public Release Form [redacted] (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 [redacted] (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 [redacted] (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

2018 - 2019 Youth Track and Field and 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 _____.

any and all medical attention to be administered to my child _____.

any and all medical attention to be administered to my child _____.

any and all medical attention to be administered to my child _____.

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: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN MEDICAL CONDITIONS or ALLERGIES: _____

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____



**SHOCKER TRACK CLUB
2018 - 2019 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 Indoor Track and Field and Pole Vault
Team Apparel Information
2018 – 2019 Indoor Season**

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

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

Youth and Adult sizes are available unless noted otherwise

Athlete Name _____

Parent Name _____

Additional STC Apparel Items	COST	Size	Quantity	Total
Additional Youth Team Long Sleeve T-Shirt	\$15.00			
Additional Youth Team Competition Jersey	\$15.00			
STC Sweatshirt (black)	\$25.00			
STC Beanie Cap (bumblebee colors)	\$15.00			

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

Order Date _____

Fulfillment Date _____ Paid _____