

Student-Athlete Registration Form

Please complete all information and sign in requested areas. Club dues must be paid prior to practice. **Club dues are \$20.00.**

FACEBOOK: TCRC Youth Track Club

Student Information

Date: _____

Name _____

Date of Birth / /

Address _____

Age _____

School _____

Phone # _____

Cell # _____

Email _____

Email _____

Current Grade _____

Events/Best Performance _____

Parent Guardian Information

Shirt Size: YS, YM, YL, AS, AM, AL, AXL

Name(s) _____

Relationship to Athlete _____

Address _____

Home Phone _____

Work Phone _____

Parent's Email _____

Cell Phone _____

Physician _____

Physician Phone # _____

Insurance Provider _____

Policy/Group # _____

Medications _____

Medical Conditions or Allergies _____

Any other concerns _____

In case of an emergency, who should we contact? _____

Name(s) _____

Relationship to Athlete _____

Daytime Phone _____

Evening Phone _____

Participation Policy

Members are expected to (a) conduct themselves in an appropriate manner at all times and to always strive for their personal best; (b) respect decisions of coaches and abide by rules set forth by coaches at practice, meets, and on the road; (c) demonstrate good sportsmanship at competitions while competing for Triple Cities Runners Club.

Members will be entered into events by the coaching staff and advance upon qualification. Coaches will only advance athletes and relays who have met club standards. It is the parent's and athlete's responsibility to inform coaching staff (Intent to Compete) as to potential conflicts with scheduled meets. Athletes and parents will be responsible for entry fees and travel expense if an athlete does travel to competition and/or participate in entered events.

I have read the above statements and agree to comply with the policy; I understand that non-compliance will result in dismissal from the Track Club.

My son/daughter _____ is a member of the Triple Cities Runners Track Club and has my permission to participate in practices and competitions as part of the track & field program. The coaches of the Triple Cities Runners Track Club accept responsibility for my child's physical well being while he/she is with the Club. Triple Cities Runners Club will make a reasonable attempt to contact parents in regards to any emergency and subsequent treatment. Permission is granted to the Triple Cities staff to act on my behalf in the event that medical or emergency treatment is required for my

Member's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____