

Valley Velocity Track Club 2009 Registration Form

Name: _____ Parents: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Alternate Phone(s): _____

Birth Date: _____ M/F: _____

School: _____

*USATF Membership #: _____

Areas of interest in Track and Field: Check all that apply

Sprints Middle Distance Long Distance Hurdles Jumps Throws Racewalk

Years of previous track experience: _____

Registration Fees:

***2009 USATF Membership** obtained online at www.usatf.org. Membership number is needed before you will be able to practice with Valley Velocity Track Club. Cost is \$20.

Valley Velocity Club Fee (includes 12 weeks of coaching, use of facilities and club equipment). Make payment to Albany Parks and Recreation:

Full season (March 30th through June 28th) \$75.00

Half season (May 11th through June 28th) \$45.00

Additional items needed:

- Signed medical treatment form
- Signed liability waiver

Medical Treatment Form and Waivers

Valley Velocity Track Club

Medical Treatment Form - Required

To whom it may concern:

I, the parent or guardian of _____, hereby authorize a club representative of the Valley Velocity Track Club to seek and sign for medical treatment for my child, a member of said club, in an emergency situation. I also authorize a representative of said club to be allowed to sign for medical treatment in non-emergency situations when my child is traveling with the club or when I am unable to be reached by phone.

Parent/Guardian signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

Medical problems / conditions: _____

Medications: _____

Allergies: _____

Liability Waiver - Required

I also give my permission for the above named participant of the Valley Velocity Track Club to participate in any and all track and field activities, including carpooling to and from the practices and meets; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Valley Velocity Track Club, City of Albany Parks and Recreation, USATF, Greater Albany Public Schools, organizers, sponsors, participants, and persons transporting my child to and from activities for any claim arising out of any injury to my child, whether the result of negligence or any other cause. I further state that to my knowledge, the above named applicant has no health problems or preexisting conditions, not previously mentioned that limit his or her training or activity level.

Parent/Guardian signature: _____ Date: _____

Consent to Use Athlete Photographs / Images - Optional

By signing below, I understand and agree that Valley Velocity Track Club and City of Albany Parks and Recreation has my permission to use my child's photographs or digital images for official purposes of the Valley Velocity Track Club and City of Albany Parks and Recreation and to have them appear on the official Club website, valleyvelocity.org.

Parent/Guardian signature: _____ Date: _____