

Club West Youth Track Membership Application

Athlete Information						
Last Name	First Name	Middle I.	M/F	Birth Date	School	Grade
Street Address		City, Zip Code		Phone		Yrs Exp
Parent/Guardian Information						
Last Name	First Name	Home Phone		Work Phone	Cell Phone	
Street Address		City, Zip Code		Email Address		
How did you hear about us?						
Returning athlete		Friend	Web Site	Flyer	Newspaper	
Parent Volunteer Job Preferences (circle at least two)						
Timer	Field Event Coordinator	Stager	Event Stickers	Awards/Results	Announcer	
Parent not in the Home, if Applicable						
Last Name	First Name	Home Phone		Work Phone	Cell Phone	
Street Address		City, Zip Code		Email Address		
Emergency Contact (if parent or guardian is unavailable)						
Last Name	First Name	Relationship		Emergency Phone Numbers		
Medical Information						
Dr. Name	Dr. Phone		Physician Address/Location			
Insurance Company	Insurance Co. Phone Number		Policy Number		Group ID	
List ann/all conditions or limitations which may affect the applicant's ability to participate in this sport:					Date of Occurrence or Onset	
List any allergies to medications:					Date of Last Tetanus Shot	
If your child must be taken to a medical facility, note any preferred facility in addition to nearest available facility:						
Facility:			Address:			
Do you have any specific instructions or requests for the handling of your child's medical needs?						

Emergency Treatment Release

It is understood by the undersigned Parent(s)/Guardian(s) of _____ that in case of serious illness or accident, a reasonable (child's name) Effort will be made to contact me, my spouse, or the emergency contact listed on this application form, before any medical or dental care is commenced, providing time and conditions permit. If, however, I or my spouse cannot be reached with reasonable diligence, or in the case of an immediate emergency, I hereby authorize the representatives of the Club to arrange for and to consent to such medical or dental care as may be recommended by a licensed physician or dentist. Such medical and/or dental care shall include, but is not limited to, routine diagnostic tests or examinations, including blood tests, radiographic or laboratory examinations, anesthesia, or any other treatment or care to be rendered under the general or specific supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act or a dentist licensed under the Dental Practice Act. I further understand that this authorization is given in advance of any specific diagnosis, treatment, or care. I agree to hold harmless the Club, its representatives, or any adult acting as an agent for the Club, from any liability arising out of the use of, or reliance on, this document. This authorization is given pursuant to the provisions of Section 25 of the Civil Code of the State of California. This authorization shall remain in effect until December 31, 20____ or no longer than one (1) year from the date of signing.

PARENT/GUARDIAN SIGNATURE

DATE

Conditions of Participation

As a condition of acceptance as a member of this Club, the Applicant and his/her Parent/Guardian agree to the following conditions:

THE APPLICANT AGREES TO:

1. Conduct myself in a thoughtful, respectable manner at all times and refrain from all offensive language.
2. Treat all Club and school property with care and respect.
3. Return any equipment or property which is not mine to the Club within one week of the last meet.
4. Abide by all of the rules, directions, and decision of coaches and officials.
5. Participate fully and support all team activities to the best of my ability in all practices and meets.
6. Maintain a "C" grade average or better in school with no "F" grades.

APPLICANT SIGNATURE

DATE

THE PARENTS/GUARDIAN AGREES TO:

1. Provide timely transportation for my child to and from all practices and meets without fail.
2. Support the team and my child's efforts by working at all Home meets as a Parent Volunteer.
3. Set an example of sportsmanship and fair play at all times.
4. Conduct myself in a thoughtful, respectable manner at all times and to refrain from all offensive language.

PARENT/GUARDIAN SIGNATURE

DATE