

Ventura County Youth Track Conference / Newbury Park Track Club Membership Application

| Applicant Information – Please print legibly | | | | | | | |
|---|-----------|----------------------------------|------------|--------------------------------------|---|------------------------|--|
| Athlete | Last Name | | First name | | Initial | Birth Date | Gender <i>(circle one)</i> Male or Female |
| | Address | | | City | State CA | Zip | Home Phone |
| | School | | Grade | | Email Address <i>(for club notifications)</i> | | |
| Mother | Last Name | | First Name | | Primary Phone | | Secondary Phone |
| Father | Last Name | | First Name | | Primary Phone | | Secondary Phone |
| Emer- gency | Last Name | | First Name | | Primary Phone | | Secondary Phone |
| Club Volunteers – Regardless of track/field expertise | | | | | | | |
| Are you able to: Coach - Asst Coach - Specialty Coach - Event Operations - Board of Directors | | | | | | Amgen Employee: Y or N | |
| Uniforms – Refer to size chart | | | | | | | |
| Uniform Yes or No | | Top Youth or Adult / XS S M L | | | Shorts Youth or Adult / XS S M L | | |
| Medical Information | | | | | | | |
| Insurance Co | | Group ID | | Policy Number | | Insurance Co Phone | |
| Preferred Physician | | Physician Phone | | Special Instructions / Medical Needs | | | |
| Conditions/Limitations that may affect athlete's ability to participate in this sport, including allergies, medications, etc. | | | | | | | |

Release Authorization For Emergency Treatment

I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application and I verify that the coverage information provided above is accurate and true. It is understood by the undersigned Parent(s)/Guardian(s) of the child named above that in case of serious illness or accident, a reasonable effort will be made to contact me, my spouse, or the emergency contact listed on this form, before any medical or dental care is commenced, providing time and conditions permit. If however, my spouse or I 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 specific diagnosis, treatment or care, and that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I agree to hold harmless the club, its representatives, or any adult acting as its agent from any liability arising out of the use of, or reliance on, this document.

SIGNATURE OF PARENT/GUARDIAN

DATE

Conditions of Participation

THE APPLICANT AND PARENT/GUARDIAN AGREE TO:

- Treat all club and school property with care and respect.
- Abide by all of the rules and the directions, and decisions of coaches and officials.
- Conduct myself in a thoughtful, respectful manner at all times and to refrain from all offensive language.
- Participate fully and support all team activities to the best of my ability in all practices and meets.

THE PARENT/GUARDIAN AGREE TO:

- Provide timely transportation for my child to and from all practices and meets.
- Help support the team and my child's efforts by working at all home meets with the coaches and board members.
- **If unable to honor my volunteer commitment or provide a substitute adult, I agree to forfeit my \$100 volunteer deposit.**

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF APPLICANT

DATE

Internal Use Only

Birth Certificate

Volunteer Commitment

Volunteer Check # _____

Reg/Uniform Check # _____