

# MORRIS COUNTY TRACK CLUB



# 2015

## TRACK AND FIELD SPRING & SUMMER REGISTRATION PACKAGE

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# MORRIS COUNTY TRACK CLUB



## ***Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment***

I (parent/legal guardian)

\_\_\_\_\_ acknowledge that a physician

has examined \_\_\_\_\_, registered athlete, within one (1) year of participation in The Morris County Track Club \training and competition seasons. Furthermore, I acknowledge that said physician has certified that said athlete has been cleared to participate and compete in the various athletic activities related to track and field participation, contests, and competitions. Furthermore, I do hereby give my consent for the above athlete to participate in The Morris County Track Club Summer Track Program. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against The Morris County Track Club, Inc. IT'S OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AND AGENTS OR ITS representatives FROM ANY AND ALL LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE MORRIS COUNTY TRACK CLUB OR FOR WHICH THE MORRIS COUNTY TRACK CLUB, IS A PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE MORRIS COUNTY TRACK CLUB to act as Spokesperson in granting permission for emergency Treatment/Hospitalization (including Anesthesia), if necessary for the aforementioned athlete and to make any decisions concerning the health, welfare and safety including medical treatment of this athlete during my absence. I understand that should a Health Emergency arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_

DATE: \_\_\_\_\_

# MORRIS COUNTY TRACK CLUB



## Parent/Guardian Profile

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In Case of illness or accident, I, \_\_\_\_\_, give my permission for the emergency medical treatment of my child,

\_\_\_\_\_, if I cannot first

be contacted. My home number is (\_\_\_\_\_) \_\_\_\_\_ and my

cell number is (\_\_\_\_\_) \_\_\_\_\_. I understand that I am responsible for all costs associated with the treatment of my child. Furthermore, I notify The Morris County Track Club that my child has the following health concerns, problems, and/or issues:

\_\_\_\_\_

He/She is taking the following medications: \_\_\_\_\_

\_\_\_\_\_.

He/She is allergic to the following medications: \_\_\_\_\_

Important notes related to emergency treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date: \_\_\_\_\_

# MORRIS COUNTY TRACK CLUB



## Athlete Profile

(not required if completed online)

NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENTS/GUARDIANS'

NAMES: \_\_\_\_\_ & \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

PREVIOUS EXPERIENCE:

ASSOCIATIONS: AAU USATF

EVENTS CONTESTED: \_\_\_\_\_

NUMBER OF YEARS: \_\_\_\_\_

BEST TRACK EVENT: \_\_\_\_\_

LEAST FAVORITE EVENT: \_\_\_\_\_

AN EVENT YOU WOULD LOVE TO LEARN HOW TO DO: \_\_\_\_\_

WHAT DO YOU WANT THE COACHES TO KNOW ABOUT YOU

\_\_\_\_\_  
\_\_\_\_\_

# MORRIS COUNTY TRACK CLUB



## 2015 Registration Checklist

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: NEW JERSEY ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ATHLETE (S) NAME (S): \_\_\_\_\_

As a parent of an athlete on our team, we request that one or both parents/guardians volunteer in an area of interest to them and with the hosting of meets. Please see the volunteer form to indicate how you will assist with meets that we host. The list below indicates ways that you will be able to assist the club at practices, meets and/or behind the scene:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> _COACHING            | <input type="checkbox"/> _DIGITAL PHOTOGRAPHER (VIDEO/STILL)               |   |
| <input type="checkbox"/> _TRAVEL PLANNING     | <input type="checkbox"/> _PUBLICATIONS (News Releases/Website/Newsletters) |   |
| <input type="checkbox"/> _COMMUNITY OUTREACH  | <input type="checkbox"/> _SOCIAL COMMITTEE                                 |   |
| <input type="checkbox"/> _TENT TRANSPORT      | <input type="checkbox"/> _TENT SET UP/BREAK DOWN                           |   |
| <input type="checkbox"/> _SPONSORSHIPS        | <input type="checkbox"/> _DONATIONS  | <input type="checkbox"/> _GRANT WRITING |
| <input type="checkbox"/> _FUNDRAISING         | <input type="checkbox"/> _DECORATING FOR EVENTS                            |   |
| <input type="checkbox"/> _COOKING/CONCESSIONS |  |   |
| <input type="checkbox"/> _OTHER _____         |  |   |

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR TALENTS/SKILLS/INTERESTS:

# MORRIS COUNTY TRACK CLUB



## 2015 REGISTRATION CHECKLIST

### PLEASE PRINT

PARTICIPANT/ATHLETE'S NAME: \_\_\_\_\_

Please check off the following items as completed. Return the registration forms and checklist to The Morris County Track Club.

The following forms are needed in order to complete your registration (check off as completed):

\_ 2015 Registration Form (**please complete all information**)

\_ **Indoor Session Details:**

- Cost: \$500.00
- Ages: 7 -18
- Length: 9 months
- Dates: See Calendar for details

#### Does Not Include:

MCTC track uniforms (shorts, tank & rain suits), Track Meet events fee

**\*Does not include running shoes, track spikes and travel expenses, which are required.**

Amount Included: \$\_\_\_\_\_

\_ Parent/Legal Guardian Consent and release Form (**signed by parent & participant**)

\_ Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment (**signed by parent**)

\_ Authorization for Medical Treatment

\_ Birth Certificate (**three copies**) \* **No originals please!**

\_ Athlete Profile (One for each registered athlete)

\_ Parent/Guardian Profile

\_ 2015 Registration Checklist

**\*Birth certificate must be presented before participation in practice and/or competition**

***I have read and fully understand all of the information that has been presented to me.***

Parent or Legal Guardian Signature: \_\_\_\_\_

# MORRIS COUNTY TRACK CLUB



## 2015 MORRIS COUNTY TRACK CLUB REGISTRATION

Athlete Last Name \_\_\_\_\_ Athlete First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Gender: Female \_\_\_ Male \_\_\_ Age on December 31, 2015: \_\_\_\_\_

USATF AGE DIVISIONS	
Age Division	Year of Birth
8-Under	2007+*
9 – 10 yrs.	2005 - 2006
11 – 12 yrs.	2003 - 2004
13 – 14 yrs.	2001 - 2002
15 – 16 yrs.	1999 - 2000
17 – 18 yrs.	1997 – 1998**

AAU AGE DIVISIONS	
Age Division	Yr of Birth
Primary/8-Under	2006 & After
Sub Bantam/9yrs	2006
Bantam/10 yrs	2005
Sub Midget/11 yrs	2004
Midget/12 yrs.	2003
Sub Youth/13 yrs.	2002
Youth/14 yrs.	2001
Intermediate 15-16	1999-00
Young 17-18	1997-98

Write your USATF Age Division: \_\_\_\_\_

Write your AAU Age Division: \_\_\_\_\_

USATF 2015 Membership #: \_\_\_\_\_

AAU 2015 Membership #: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

# MORRIS COUNTY TRACK CLUB



## 2015 MORRIS COUNTY TRACK CLUB REGISTRATION

Parent or Guardian Name: _____
Home Phone: _____ Work Phone: _____
Cellular Phone: _____ Fax: _____
Email: _____ Email: _____

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**I AGREE TO ABIDE BY THE RULES OF THE MORRIS COUNTY TRACK CLUB. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE. I understand that, with my child's membership, I assume the responsibility of assisting with the fundraisers and the competitions that the child shall participate/host/put on, in whatever capacity for which I am qualified and/or needed.**

Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.) \_\_\_\_\_ DATE \_\_\_\_\_

For more information contact Mr. Workman at 973-794-3774, [www.mctrackclub.org](http://www.mctrackclub.org), or [aw@mctrackclub.org](mailto:aw@mctrackclub.org)



# MORRIS COUNTY TRACK CLUB



## 2015 Morris County Track Club Participant Waiver & Release Form

Athlete Last Name \_\_\_\_\_ Athlete First Name \_\_\_\_\_

Athlete Full Address \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Last Name \_\_\_\_\_

Parent or Guardian First Name \_\_\_\_\_

Parent or Guardian Full Address \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Phone Number \_\_\_\_\_

I voluntarily agree to participate in the 2015 Morris County Track Club activities, meets, practices and related travel and knowingly assume any and all risks of loss, damage to my person or property, injury (including death), both foreseen and unforeseen, related to my attendance at and participation in the Morris County Track Club program. From any cause whatsoever, including the fault or negligence of others I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and agree to hold harmless the Morris County Track Club, its Team Leadership, Organizers, Coaches, Volunteers and Sponsors and their respective officers, directors, employees, agents and volunteers from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the 2015 Morris County Track Club's program, activities, meets, practices and related travel.

\_\_\_\_\_  
Signature – **ATHLETE**

\_\_\_\_\_  
Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.)

\_\_\_\_\_  
DATE

# MORRIS COUNTY TRACK CLUB



## USE OF PHOTOGRAPH

By signing this Waiver, I grant Morris County Track Club a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics. In no event, however, will such usage constitute an endorsement of any product or service without my specific written consent.

\_\_\_\_\_  
Signature – **ATHLETE**

\_\_\_\_\_  
Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.)

\_\_\_\_\_  
DATE