



**SPRING 2017**

**TRACK AND FIELD  
REGISTRATION  
PACKAGE**

Website: [www.theheattrackclub.com](http://www.theheattrackclub.com)  
E-Mail: [admin@theheattrackclub.com](mailto:admin@theheattrackclub.com)  
770-234-6834



# 2017 REGISTRATION FORM

## PLEASE PRINT

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Gender:  Female  Male Current Age: \_\_\_\_ Age on December 31, 2017 \_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone (specify): \_\_\_\_\_

Cell \_\_\_\_\_ : \_\_\_\_\_ Cell \_\_\_\_\_ : \_\_\_\_\_

Cell \_\_\_\_\_ : \_\_\_\_\_ Cell \_\_\_\_\_ : \_\_\_\_\_

E-mail: \_\_\_\_\_ E-

mail: \_\_\_\_\_ Emergency

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

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

\*2017 USATF Age Group: \_\_\_\_\_ \*\*2017 AAU Age Group: \_\_\_\_\_

Previous experience: CCYTL GRPA AAU USATF Events Contested: \_\_\_\_\_

**I AGREE TO ABIDE BY THE RULES OF THE HEAT 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 club shall host/put on, in whatever capacity for which I am qualified and/or needed.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian* Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_



## PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM

### PLEASE PRINT

I am the parent/legal guardian of \_\_\_\_\_.  
By my signature I hereby give my consent for the above named child to participate in practices, track meets, road races, travel and other activities sanctioned, sponsored, and/or attended by The Heat Track Club (HEAT). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, CCYTL, GRPA, USA Track & Field (USATF) and AAU (Amateur Athletic Union) documents when entering my child in any sanctioned events.

Should I (or my child) decide to withdraw from participation with The Heat Track Club and its activities, I agree to notify the HEAT in writing, that I am withdrawing the above named child and acknowledge that all REGISTRATION FEES PAID ARE NON-REFUNDABLE.

Further, in consideration of my child being accepted in the HEAT, I hereby indemnify and hold harmless The Heat Track Club, Board of Directors, HEAT Head Coach, HEAT Coaches, HEAT Staff, HEAT assigned Chaperones and assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with my participation or travel to and from practices, track meets, road races or other activities sanctioned, sponsored and/or attended by the HEAT, CCYTL, GRPA, USATF and AAU.

The signee below represents that the above named child's Medical History including allergies, medications being taken and physical impairments that will in any way effect the child's participation have been brought to the attention of The Heat Track Club in writing on the Medical Acknowledgement/Waiver/Consent and Release form of The Heat Track Club.

I understand my child will not be covered by insurance provided by The Heat Track Club and that I either have my own major Medical Insurance Policy or, if not; I will cover the expenses of any injury.

By my signature I represent that by signing, I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exist between the child and myself. By my signature, also, I have read and agree to all RULES and GUIDELINES in the HEAT Parent/Athlete Information Booklet/Handbook.

**PARENT OR LEGAL GUARDIAN'S SIGNATURE** \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PARTICIPANT'S BIRTHDATE:** \_\_\_\_\_



**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 Heat Track Club \training and competition  
seasons. Furthermore, I acknowledge that said physician has certified that said athlete has been cleared  
to participate and complete 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 Heat Track & Field Program. I THE UNDERSIGNED HEREBY WAIVE AND  
RELEASE any and all claims I may have against The Heat 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 HEAT  
TRACK CLUB, Inc. OR FOR WHICH THE HEAT TRACK CLUB, IS A PARTICIPANT. Moreover, I  
authorize the coaching staff or assigned chaperones of THE HEAT 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: \_\_\_\_\_



**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 Heat 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:** \_\_\_\_\_



### **Photo/Media Release Form**

By signing below, I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (minor child/athlete)

understand and agree that The Heat Track Club has my permission to take and use my child's track and field/club photographs, digital images, and video images for official Club purposes such as, but not limited to media press releases and the club newsletter. Furthermore, I understand that by signing below I consent to the organization's right to publish photographs depicting the minor athlete/child named above engaged in field and track events of The Heat Track Club, whether as an active participant or as an observer, on the official The Heat Track Club Website found at the web address: <http://www.theheattrackclub.com>.

I have fully read and considered all of the terms and statements contained in this release before affixing my signature.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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



## **Track and Field Meet Volunteer Form**

The Heat Track Club may host Cobb County Youth Track League's (CCYTL) developmental meets during the season. The meets are tentatively scheduled from 8:30 until 3:00. Also, we are responsible for providing volunteers for one (1) or (2) contested events at meets not hosted by our team. Please check all preliminary areas of interests. In order to accommodate your schedule, we will inform you of exact dates and needs as early as possible..

**Parent Name:** \_\_\_\_\_ **Athlete Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please look at the following form and check all areas of interest. We will do our best to make the assignments with your interests in mind, but ultimately will make assignments based on Meet's needs. Concession Stand (2-3 each shift):

- 7:00-10:00
- 9:00-11:00
- 11:00-1:00
- 1:00-3:00
- 2:00-4:00

Field Events (Volunteers Report on or before 8:00):

- Shot Put (1-2)
- High Jump (2)
- Running Long Jump (3)

- Timers (6)
- Referee (1)
- Equipment manager (radios, tape measures, rakes, starting blocks, etc.)
- Finish Line Judge (2)
- Stager/Clerk of Course (2)
- Team Manager Data Entry Person (1)
- Gate worker (1)
- Bullpen (3)
- Ribbon/Award Table – Writer (3)
- Starting Block Crew (1)
- Registration/check ins (2)
- Results Runner (1)
- Meet Announcer (1-2)
- Walkers (3)
- Starter (1)
- Relay zone judges (3)
- Meet Day Set-up Crew (3-4) – Report between 7:00 and 7:30
- Meet Day Take Down/Clean Up/Trash Crew (4-5)
- Lane judge (3)

Medical support – I am a:

<input type="checkbox"/> Doctor	<input type="checkbox"/> Nurse	<input type="checkbox"/> Paramedic	<input type="checkbox"/> Other
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## **2017 SUMMER REGISTRATION CHECKLIST**

### **PLEASE PRINT**

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

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

The following forms are needed in order to complete your registration:

- 2017 Registration Form **(please complete all information)**
- Registration Fee - \$350 per athlete (10% discount for additional athletes living at the same address).  
Registration Fee Includes: All Meets, (1) The Heat Track Club T-Shirt, (1) The Heat Track Club Sweatshirt.**
- 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 – 3 copies\* ***No originals please!***  
\*Birth certificate must be presented before participation in competition...NO exceptions!!!!
- Volunteer Sign Up Form
- Photo/Media Release Form
- Calling Post Phone Tree Form
- 2017 Registration Checklist

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

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





## **AMERICA'S ONE-TO-MANY MESSENGER**

In order to enhance communication, The Heat Track Club uses the Calling post to notify you of meet rescheduling and/or cancellations due to weather, to announce variable schedules and last minute practices, and sometimes to remind members about critical responsibilities and needs for a meet, practice or photo shoot.

Please complete the following form with the telephone number our coaches should call in an emergency--to notify you of meet delays, cancellations, etc. This number should be one to which you have access at varied times. For example, if you give us your home number, but come to practice directly from work, you might not get the message at home in time to save you a trip. If you leave your office number, but you travel from site to site and don't check in with your office every day, you might want to leave another number. Again, please give us the number where you might be reached in case of an emergency like a meet cancellation. Thanks.

# **THE HEAT TRACK CLUB Phone Tree Contact Info**

**Parent/Guardian's Name:** \_\_\_\_\_

**Most Answered Number(s):** \_\_\_\_\_

**Name of Athlete(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_