



# Wings of Omaha TRACK CLUB

## 2011 REGISTRATION FORM

\*\*\*ALL FEES ARE NON-REFUNDABLE\*\*\*

### AGE DIVISIONS:

Sub-Bantam	2003 & after
Bantam	2002 - 2001
Midget	2000 - 1999
Youth	1998 - 1997
Intermediate	1996 - 1995
Young Women	1994 - 1993
Young Men	1994 - 1993

- ONE (1) COPY OF YOUR CHILD (REN) BIRTH CERTIFICATE (New Athlete's Only).
- CURRENT "PHYSICAL" FORM.
- COPY OF YOUR LAST SCHOOL GRADE REPORT (Each Student-Athlete).

ATHLETE'S INFORMATION <i>(Please write legibly)</i>																	
<b>1</b>	First/Middle/Last Name ( ) M ( ) F				<b>2</b>	First/Middle/Last Name ( ) M ( ) F				<b>3</b>	First/Middle/Last Name ( ) M ( ) F						
Street Address:				Street Address:				Street Address:									
City:			County:			City:			County:			City:			County:		
State:		Zip Code:		State:		Zip Code:		State:		Zip Code:							
Birthday: / /		Age on 12/31/11: _____		Birthday: / /		Age on 12/31/11: _____		Birthday: / /		Age on 12/31/11: _____							
Division:		Division:		Division:		Division:											
Current School Attending:			Grade:			Current School Attending:			Grade:			Current School Attending:			Grade:		
Graduating this year? ( ) Yes ( ) No If Yes, College Attending:				Graduating this year? ( ) Yes ( ) No If Yes, College Attending:				Graduating this year? ( ) Yes ( ) No If Yes, College Attending:									

PARENT/GUARDIAN INFORMATION I grant permission to print my phone numbers in the Team Directory? ( ) Yes ( ) No															
Mother's Name:				Home Phone: ( ) ( ) ( )				Work Phone: ( ) ( ) ( )				Cell Phone: ( ) ( ) ( )			
Father's Name:				Home Phone: ( ) ( ) ( )				Work Phone: ( ) ( ) ( )				Cell Phone: ( ) ( ) ( )			
With whom does the athlete currently reside? ( ) Both Parents ( ) Mother ( ) Father ( ) Other, Specify:															

EMERGENCY CONTACT											
Name:								Relationship to athlete:		Contact Number:	
								( ) ( ) ( )		( ) ( ) ( )	

CONTACT INFORMATION We will relay instantaneous information and updates via e-mail.											
E-Mail (primary address):						E-Mail (secondary address):					

CHOOSE YOUR PARENT VOLUNTEER SUPPORT											
I commit to be actively involved and to work wholeheartedly with the following Parent Volunteer activity this year.											
( ) SPECIAL EVENTS (PICNIC, BANQUET, PARENT MEETING, COMMUNITY SERVICE PROJECT)											
( ) PUBLIC RELATIONS (TAKE PICTURES, VIDEO, UPDATE WEB SITE, NEWSPAPER ARTICLES, PROGRAM BOOKLET)											
( ) PROGRAM DEVELOPMENT (TRACK PERF, OBTAIN/DIST AWARDS)											
( ) ASSIST HEAD COACH in training Student-Athletes: includes being trained by coaches and implementing the Wings training plan.											

**AUTHORIZATION:** I/We, the parent(s) or guardian of the above-named child(ren), give my/our consent for him/her/them to participate in practices, track meets, travel, and other activities sanctioned, sponsored, and/or attended by the Wings of Omaha Track Club. I/We authorize the coaches or staff members to sign the standard athlete's release form when entering My/our child(ren) in any USATF sanctioned events. I/We assume all risks, hazards incidental to such participation, including transportation to and from the activities. I/We do hereby forever waive, release, absolve, indemnify and agree to hold harmless the Wings of Omaha Track Club, the organizers, sponsors, coaches and persons transporting my/our child(ren) to and from activities, for all claims arising out of any injury to my/our child(ren). I/We agree to abide by the Club's rules and by-laws. I/We hereby warrant and represent that I/we am/are the legal parent(s) or guardian of said child(ren) and I/we am/are authorized to make this decision.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

❖ MEDICAL AUTHORIZATION

In case of an emergency or accident during practices and/or track meets or during any activity involving my child, \_\_\_\_\_, which in the opinion of track authorities present requires immediate medical or surgical attention, I hereby grant permission to said track authorities to obtain the services of a physician or to transport said child to the hospital if it is deemed necessary. I hereby grant permission, also, to said physician to treat said condition unless I am present and request otherwise or until I later request otherwise.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

❖ INSURANCE WAIVER (Attach a copy of the athlete's insurance card)

I/We understand that my/our child will not be covered by insurance for Pre-season, Regular or Competition season practices and any non-sanctioned USATF events and that I/we may have my/our own medical insurance policy, or if not, I/we will cover the expenses of any injury. \_\_\_\_\_(parents' initials)

Name of medical insurance company: \_\_\_\_\_

Insurance group policy number: \_\_\_\_\_

Insurance Company telephone number: \_\_\_\_\_

Physician's name and number: \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

❖ PHYSICAL WAIVER (If applicable)

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, my child, an athlete **competing as a member of** the Wings of Omaha Track Club, do hereby attest that my child's **physical form** currently on file will expire during the middle of the Wings of Omaha Track Club season, which competing season will officially end the first week of August. I also attest that, if **requested**, a new physical form will be **properly** obtained and presented to the Wings of Omaha Track Club for their files by the requested date. My failure to provide a new physical form will relieve the Wings of Omaha Track Club of any liability.

( ) NOT APPLICABLE

ACKNOWLEDGED BY:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Club Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PARENTAL RELEASE FOR INTERVIEWING, PHOTOGRAPHING, AND VIDEO-RECORDING OF ATHLETE(S).**

The Wings of Omaha Track Club or someone properly authorized by the team, on occasion may photograph, interview, and/or videotape your athlete(s). Doing so is solely for inclusion in Wings publications, promotional materials, advertisements, presentations, programs and Internet sites. Your athlete(s) name may also be used in conjunction with or by any medium, including print, electronic, radio, and television.

By signing this Release, I grant permission to the Wings of Omaha Track Club, or anyone properly authorized by the Wings to interview, photograph, audio-record and/or videotape my athlete during track activities.