

# THE ARIZONA TRACK STARS

## 2019 SEASON PARTICIPATION APPLICATION

Male  Female  Handicapped/Disabled  New USATF Member  Renewing USATF Membership  
 USATF Number from 2018 \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ School Name: \_\_\_\_\_

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

USA Citizen  Yes  No If no, country of Citizenship \_\_\_\_\_

ETHNICITY:  Hispanic or Latino  Not Hispanic or Latino

RACE:  White  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Other Pacific Islander

Black /African American & White  Other Multi-Racial: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

**MEDICAL HISTORY:** (If you answer yes to any of the items below, please provide explanation along with dates and treatment on a separate sheet of paper)

Asthma	Y	N	Surgery in Past Year	Y	N
Allergies	Y	N	History of Heart Murmur	Y	N
Glasses/Contacts	Y	N	Kidney Disease	Y	N
Fractures within Past Year	Y	N	Seizures (fits)	Y	N
Head Injuries	Y	N	Diabetes	Y	N
Serious Illness	Y	N	Tetanus (date of last shot):	_____	
Repeated Bone/Joint Injury	Y	N	Current Medication:	_____	
Bleeding Tendencies	Y	N	Name Of Family Physician:	_____	
Sickle Cell Tendency	Y	N	Phone#:	_____	

### EMERGENCY MEDICAL RELEASE

I give permission for any emergency treatment necessary either on the practice field or on the game field. I authorize any hospital and/or physician to perform emergency treatments from any injuries resulting from any scheduled **ARIZONA TRACK STARS** function including the supervised travel to and from said functions.

\_\_\_\_\_  
Signature of Parent or Guardian

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

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### **Parental Responsibilities**

At Each track meet the Arizona Track Stars are responsible for operating the Long Jump Pit. We will run and maintain the Long Jump Pit throughout the season.. **PARENTAL ASSISTANCE IS MANDATORY!**

*Note: If for some reason you are not able to help or unwilling to do so, you have the option to purchase a buyout for \$125.00 for the season. This Fee will need to be paid in full Monday January 21st at the start of practice. NON -REFUNDABLE*

Every season we have at least one concession stand operated and sponsored by the team. **PARENTAL ASSISTANCE IS NEEDED TO WORK IN THE CONCESSION STANDS** This is a huge fundraising opportunity and the more donations we receive, means more money coming in for our club to sustain its success. Please be advised, that during our concession we are still responsible for our duties for Long Jump.

Please keep track of your child's times and help them to set goals. Come up with a time that is a little faster and put on the refrigerator. When that goal is reached set another one. This way your child will stay encouraged and see how they are improving – even if they are not winning, they will know that they are doing their best.

If your child will miss a track meet, be late or leave early, **PLEASE NOTIFY US VIA EMAIL, GROUP CHAT OR TEXT ASAP.** It takes 4 people to run a relay and when someone is missing, it hurts the other 3 runners. We would prefer not to spend unnecessary entry funds.

**Relays:**– Relays are put together for competitiveness and even if your child happens to be put on a relay **DOES NOT** mean that they will always remain in that position.

**Relay positions are NOT definite and must be earned** – even if your child is on the relay all the way up to State or even Regionals they can be moved because when travelling we need to take the fastest 4 to be competitive. Your child may be moved on or off a relay at various times during the track season. At the end of the season, a person may end up on a relay that may not have run on it before. This is done because sometimes to let a child run in individuals up to State because they are performing well, but in Regionals they would be better utilized on a relay – which means, they would replace someone that has run consistently slower. We monitor each child's individual times all season and know which moves need to be made. This is because the meets get bigger and more competitive. If you do not understand - please ask.

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### **Communication with the Coaches / Staff**

Your child may be required to run in many different events throughout the year. We are not perfect and welcome all suggestions, however, we urge parents to trust our judgment. We will try to find the best event for each athlete and get times for each athlete in all events. At times, a mistake can be made on the entry forms, as we enter a certain number athletes each track meet. If this happens to your child, **please** address this with a coach during a scheduled practice **only**. **No unnecessary changes will be made on the day of the meet.** There will be absolutely **no** discussions regarding running events, times, relays, etc. at any track meets.

Parents please try not to complain and/or put the coaches down in front of your child or the other athletes on the track. If you are angry and upset about something – your child will more than likely become upset and angry which affects their performance and their attitude towards the coaching staff. The same goes for acting negatively about decisions the coaches make – if you are positive about it and realistically explain to your child why a decision was made, your child will act positively.

In order to keep communication lines open and for the season to run smoothly, we urge all parents to **please address any problems, concerns or issues as soon as they arise**. This will keep the dissention level down. We really do need the parents on our side when decisions are made. While we can't please everyone, we would like to see what we could do to make the season go as smooth as possible. Just talk to us.

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### **Season Fees**

Although we require fees to be paid, those fees are absorbed by payments to USA Track & Field for membership, insurance, uniforms, track meets, etc. Therefore, ongoing donations from parents, friends, family, businesses and other organizations are needed. If you know of an organization that donates money, please let Coach C-, Mo/ Coach Simeon know. Please check with your employers to see if they give charitable contributions. Most business will either match your donation or give funds if their employees volunteer and some will just give because it is a worthy cause. Also, if some families can afford to pay for another athlete in addition to their own, we encourage you to do so. We are a 501(c) (3) tax-exempt non-profit organization. As many of us are giving to other charitable organizations, please consider the Arizona Track Stars as part of your giving this year. See Coach C-Mo/Simeon for any paperwork needed for donations.

Our fee is a flat fee which is due and payable at registration. It is not prorated or adjusted to the number of meets you plan to participate in. The entire season fee is \$400.00. This fee is absorbed by payments to USA Track & Field for Club membership, insurance, uniforms (warm-ups, duffle bag, and team shirt), track meets, practice sites, equipment, website maintenance, end of season Banquet and any miscellaneous expenses. The Club will need to collect an initial payment of \$200.00 No later than **Monday January 21st** in order for our uniforms to be pressed and completed by end of February. The remaining balance will need to be PAID IN FULL BY MONDAY, FEBRUARY 25th NO EXCEPTIONS!!!. If you have any problems paying, please contact us immediately to make payment arrangements. If you have more than (2) two family members participating with the club, you will receive \$25.00 off you registration. All financial records are kept completely confidential so no one knows who paid and who did not. You will also have the ability to pay online and set up automatic payments through [www.aztrackstars.com](http://www.aztrackstars.com). No refunds are given on fees for any reason and there are no exceptions to this rule.

**FUNDRAISING:** Arizona Track Stars is committed in the continuous growth of our program. Fundraising is a major outlet that enhances the growth of the club. As a unified club, your support is needed to keep the club viable and running smoothly. It is important to us that our athletes experience success within our club even if it's not winning physically. Your support in fundraising, allows us to continue to show our appreciation and gratitude for each of our athletes and their individual success throughout the season. We will participate in at least (1) one or (2) two fundraisers within the season with an option to buy-out if you chose not to participate. Please see Coach Sim or Coach C-Mo for additional information.

My signature below acknowledges that I have read and understand the above.

Parent's Name: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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**NO LAY DOWN RULE**

Each athlete is expected to perform to the best of their ability at all times. If you lie down or do not perform to the best of your ability, you may be required to run up an event(s) until you perform to the coach's satisfaction at which time the coach will move you back to your former event(s). **Example:** If your child normally runs the 100 and 200, they will be required to run the 200 and 400 meter dash and on up.

I \_\_\_\_\_ understand that I am to compete in all my events to the best of my ability. If I choose not to compete in my event(s), I may be required to run up one event until I perform to the coach's satisfaction at which time the coach will move me back to my former event(s).

**ATHLETE**

**PARENT**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed)

\_\_\_\_\_  
(Printed)

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### MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, hereby grant the trained staff of the Arizona Track Stars, the authority to obtain and perform medical treatment for the following child (ren):

\_\_\_\_\_

\_\_\_\_\_

The Arizona Track Stars are authorized to:

- Obtain medical treatment and procedures for the child (ren) as may be appropriate in emergent circumstances, including treatment by physicians, hospital and clinical personal, and other appropriate health care providers and training staff we may have.
- Obtain routine medical treatment from appropriate health care providers in symptoms of illness occur (e.g. fever, coughing, irregular breathing, unusual rashes, swallowing problems, Muscle soreness and pain, etc.).

This grant of temporary authority shall begin on January 14<sup>th</sup> 2019, and shall remain effective until terminated by the undersigned.

In case of emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should the contact the following person(s):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

If the child(ren) become ill, the care providers will attempt to contact the parent(s). If the parent(s) cannot be reached, the care provider should contact the following physicians.

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If the child(ren) need hospitalization, the preferred choice is:

Hospital preference: \_\_\_\_\_

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Dated: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**(If form is for multiple children, please make one copy for each child's file.)**