

ADMINISTRATIVE USE ONLY: PAYMENT _____ BIRTH CERTIFICATE _____ INS _____

MEDS _____ PHONE _____ EMAIL _____ SINGLET _____ SHORTS _____ BSUIT _____ INITIAL _____



Loudoun Special Forces Track Club
Indoor Winter Track Registration Form 2010

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD YOU WISH TO REGISTER AND PRINT CLEARLY.

Return this completed form, including USATF Member Number and check for payment made out to Loudoun Special Forces Track Club. Send to: Special Forces Track, 611 Talmadge Court, Leesburg, VA 20175. If you were **NOT** part of the Spring program last year, include Xerox copy of birth certificate (or proof of date of birth). Procedure for getting a USATF Member Number for 2011 is described on the website Join Us page (www.sftrack.org/joinus.htm).

Participant Information:

Age: (as of 12/31/2010) _____

Last Name: _____ First Name: _____ Birth date: ____/____/____

(attach copy of birth certificate if new to program)

Address: _____

City/St/Zip: _____ Home Phone: _____

USATF Member Number (from Step A on the "Join Us" page): _____

Parent Information:

Father's Name: _____ Work Phone: _____

Home Address: _____ Cell Phone: _____

City/St/Zip: _____ Home Phone: _____

Your primary email address (es), i.e. those we can use to send important notices to you:
(DO NOT FILL IN IF YOU DO NOT USE EMAIL REGULARLY)

Mother's Name: _____ Work Phone: _____

Home Address: _____ Cell Phone: _____

City/St/Zip: _____ Home Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Information:

Company: _____ Policy Number: _____

Medical Information:

Primary Physician: _____ Phone: _____

General Health:

Please list any allergies, medications, or anything that could inhibit physical exertion.

Further Information:

Currently participating in the following sports (including level) _____

Previously participated in the following sports (including level) _____

Registration Details:

Payment Information: Please make checks payable to: **Loudoun Special Forces Track Club.**
Winter Season 2010

Before January 1st \$250

Siblings 10% discount

Dec. – Mar. 15th

After December 31st

Special Forces Track Training \$375.00

Siblings 10% discount

Dec. – Mar. 15th

Practice 2 days a week.

Additional training is offered on other days through our partner programs.

Programs are recommended for athletes seeking track on a full-time basis with a commitment to pursue personal training opportunities, advanced monitoring activities, advanced gear, **homework kits**, telecons, webinars, clinics, cross-training sessions. Field trips to view or compete in major qualifiers for the championships (e.g., Nike, USATF, AAU, etc.) Nominal individual entry fees will also be required for District, Regional's and National events.

Practice 3 days a week.

Payment Total \$ _____

The fees include site leasing fees, equipment purchases, insurance, administrative cost and approximately 100 hours of coaching, and relay team entry fees if necessary.

The club's coaching staff each donates literally hundreds of hours in running the club. We need your support in helping maximize the children's experience. Previous coaching experience is not a requirement. Experienced coaches will guide parent volunteers in coaching techniques as required.

Please indicate below in which areas you can assist the Club:

- | | | | |
|--|--------------------------|-------------------|--------------------------|
| Assistant coach | <input type="checkbox"/> | Timer/starter | <input type="checkbox"/> |
| Team mom - communication & co-ordination | <input type="checkbox"/> | Social activities | <input type="checkbox"/> |
| Uniform administration | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> |
| Publicity | <input type="checkbox"/> | | |

Any other information you want to provide regarding volunteering:

Medical Waiver Information:

I hereby grant permission for my child _____ to participate in all running and conditioning activities (e.g., drills, plyometric training, etc.) of the Loudoun Special Forces Track Club Program. In the event of injury or illness, I hereby grant permission for Loudoun Special Forces Track Club personnel to handle any medical emergencies legally in the case that all emergency contacts cannot be reached. Furthermore, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor. I agree to assume all risks incidental to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify and agree to hold harmless Loudoun Special Forces Track Club, its officials, sponsors, supervisors, board members and persons managing my child.

_____	_____	_____
<i>Parent/Guardian</i>	<i>Signature</i>	<i>Date</i>