

# Etowah Youth Track Club - 2010

## Registration Form

### Athlete Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(mm/dd/yyyy)  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (circle) M / F

### Parent Information

Mother's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Volunteer Info.** If your child participates in the home meet 5/1/10, it is mandatory that a parent volunteer for the meet. Please initial here that you are aware of this. \_\_\_\_\_ In addition, there are several other opportunities to volunteer. Please see back of form for the other opportunities.

Emergency Contact(if other than parent) \_\_\_\_\_ Phone: \_\_\_\_\_

### Health & Medical Information

Do you have medical insurance? Yes / No Company Name: \_\_\_\_\_  
Policy / Member #: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the above athlete have any medical issues? (please check all that apply)

Physical Defects \_\_\_\_\_ Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Medical Limitations \_\_\_\_\_ Migraines \_\_\_\_\_ Nosebleeds \_\_\_\_\_ Other \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**WAIVER:** I, THE UNDERSIGNED, ASSUME ALL RISKS AND HAZARDS COINCIDENTAL TO RUNNING ACTIVITIES AND HEREBY RELEASE, ABSOLVE, AND HOLD HARMLESS, CHEROKEE COUNTY BOARD OF EDUCATION, CHEROKEE COUNTY COMMISSIONERS, CHEROKEE COUNTY EMPLOYEES, ETOWAH YOUTH TRACK CLUB (EYTC), EYTC BOOSTER CLUB, EYTC BOARD OF DIRECTORS, ORGANIZERS, SUPERVISORS, COACHES, VOLUNTEERS, PARTICIPANTS, AND PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES, FROM ANY CLAIM FOR LOSS, DAMAGE, OR INJURY THAT MAY OCCUR AS A RESULT OF MY CHILD'S PARTICIPATION IN ETOWAH YOUTH TRACK CLUB. I HEREBY GIVE PERMISSION FOR ANY AND ALL MEDICAL ATTENTION TO BE ADMINISTERED TO MY CHILD IN THE EVENT OF ACCIDENT, INJURY, SICKNESS, ETC. UNDER THE DIRECTION OF ETOWAH YOUTH TRACK CLUB, COACH, ASSISTANT COACH OR ADMINISTRATOR, UNTIL SUCH TIME AS I MAY BE CONTACTED. I ALSO ASSUME THE RESPONSIBILITY FOR THE PAYMENT OF ANY EXPENSES ASSOCIATED WITH SUCH TREATMENT. THIS RELEASE IS EFFECTIVE FOR THE PERIOD OF EIGHT MONTHS FROM THE DATE GIVEN BELOW.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name (Printed): \_\_\_\_\_

### CLUB USE ONLY:

Cash Amount: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Check No: \_\_\_\_\_  
Payment Plan: \_\_\_\_\_

## Volunteer Opportunities:

Printed Name: \_\_\_\_\_

It takes a lot of assistance to run a team of 100+ kids ranging in ages from 6-18. We want to make the season as successful and as good an experience for your child as possible. Your assistance will help us reach that goal. Please let us know how you can help the team succeed by initialing where you can help. If we have a tremendous response, the time commitment will be less on your part.

**Roll Call/Attendance (6 People):** Takes attendance prior to practice. One person per different age group. This can be done by a month or a season, i.e. someone can take March, someone else April, etc. The time commitment is about 15 minutes for each practice.

\_\_\_\_\_  
Initial Here

**Smoothie Coordinator (1-4 people):** Takes weekly order and collects money, calls order in, picks order up and brings to practice. Starts in March and continues through May. This can be shared by several people.

\_\_\_\_\_  
Initial Here

**Eagle Mountain Run Committee:** This event is Saturday, March 20. It entails helping with one or all of the following: advertising, volunteer coordinator, assisting race day. Commitment is Feb - March.

\_\_\_\_\_  
Initial Here

**Track Meet Coordinators (4 - 6 people needed):** This person would help sign the kids in at the meets and assist them to get to their events. Assist coaches in locating children for events. The time commitment is a Saturday meet and could be split into two shifts.

\_\_\_\_\_  
Initial Here

**Host Meet Volunteer Coordinator (Etowah Meet is 5/1/10):** This person(s) would coordinate the volunteers for the meet on 5/1/10. It would entail signing up parents for the different positions prior to the meet. On meet day it would entail signing in the volunteers and making sure positions are covered. The time commitment would be from April through 5/1/10.

\_\_\_\_\_  
Initial Here