

# MAXIMUM SPEED TRACK CLUB (MSTC)

## 2024 Outdoor Track Membership and Waiver Form

**Instructions:** Please fill out all the information on the form and bring it to Registration. If registering multiple children, please complete a separate form for each child. Payment should be made by **CashApp** (\$RadDwyer); **Venmo** (@RadDwyer); **Zelle** (908-510-6617) or **PayPal** (rldwyer@optonline.net). Uniforms and gear will be ordered on a different form.

Name: \_\_\_\_\_ Gender: [   ] M [   ] F Birthday: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

Mom Email: \_\_\_\_\_ Dad Email: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone #: \_\_\_\_\_

Insurance/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medical:** List any condition that may inhibit performance or may require medical attention or monitoring during practice or meets: \_\_\_\_\_

*Be assured that this club is concerned for the health, safety, and well-being of its members. Precautions to avoid injury are taken through proper warm-ups, stretching and training.*

**Waiver:** I understand that with any sport or activity there is a potential risk for accident, incident, or injury; I further understand that Track and Field are not an exception to this risk. I understand that an annual physical is recommended for participation in any sport. I assume all risk associated with training, running and participation with this club; and will not hold the club, its coaches, or any member liable in the event of an accident, incident, or injury.

Athlete/Member Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

In the event of injury and medical treatment is deemed necessary, if a parent/guardian cannot be reached, can the injured party be transported to the nearest medical treatment facility?

[   ] **Yes** [   ] **No** : Signature: \_\_\_\_\_

Do you have a preferred medical treatment facility? \_\_\_\_\_

**Club Fees:** [   ] Individual Club Registration Fee: \$140.00 **(Outdoor Season Only)**

*In addition, to the registration fee, we require both a USATF (\$34) and AAU (\$22) membership. The total for registration, AAU and USATF is \$196.00 per athlete.*

*Team Uniforms and Warm-ups are \$250.00*

*Total fees & uniforms \$446.00*

**Team Registration and Membership Fees are Non-Refundable**