

**2019 Indoor & 2020 Outdoor
REGISTRATION PACKET
TRACK & FIELD SEASON**





WEST COAST STRIDERS TRACK CLUB

CLUB INFORMATION:

Current Season: Indoor 2019 & Outdoor 2020

Club Practice Location: Maricopa High School 45012 W. Honeycutt Ave, Maricopa AZ 85139

Practice Days/Time: **Practice times are subject to change*
 8:00 AM Saturday's
 5:00 PM Tuesday's
 5:00 PM Thursday's

Club Colors: Black, Gold, White

Club Values: Physical and emotional health and fitness
 Individual excellence and personal growth
 Individual development beyond sports

West Coast Striders Track Club is a non-profit organization (501(c)(3)) and is a member of USA Track and Field. The Striders strive to teach and excel in all areas of track and field. Our athletes and coaches have had great success at the state, regional, national, and world competition levels. Track & Field is a year-round sport with both summer (outdoor) and winter (indoor) seasons.

In Arizona indoor track season is January through February. The prime track season is late February through July. The various running, jumping and throwing events which make up the sport are among the oldest competitive disciplines in the world; the specific skills and physical capabilities acquired through track and field can be readily applied to other sports. The sport of track and field is a sport for all ages and abilities.



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ATHELETE INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____

Date Of Birth: ____/____/____ Gender: (M/F) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: () _____ - _____

Email: _____

YOUTH ATHELETE ADDITIONAL INFORMATION:

School Of Attendance: _____

Grade: _____

Does Your School Offer Track & Field: _____

Parent or Guardian Name: _____

Relationship: _____

Contact Number: () _____ - _____

Parent Email: _____



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REGISTRATION:

Participation Fees:

USA Track & Field Individual Membership Fee (\$20 18 and under)
USA Track & Field Membership Fee must be paid online at www.usatf.org. A copy of the membership ID must be turned in with this completed registration form. Club ID when you apply is **48-501**

2019-2020 West Cost Striders Track Club Registration Fee \$199 plus Uniform Fee. The fee does not include travel in state or to regional and national championship competition.
Track Club & Uniform fees are payable via PayPal using a debit card or checking account. Fees are non-refundable and due before 1st practice.

***\$199 CLUB FEE Waived:** Maricopa High School student athletes who will join the MHS 2020 Track & Field High School Season are not required to pay the \$199 club fee.

Track & Field Arizona Notification:

Athletes must notify USA Track & Field Arizona once they have a USA Track & Field ID. This is required in order to compete at track and field in Arizona. You will email usatfaz@cox.net a copy of your USA Track & Field Membership ID, and a copy of your birth certificate. Include in the email you are affiliated with West Cost Striders Track Club ID **48-501**.

REGISTRATION DEADLINE: SATURDAY, DECEMBER 15, 2019

I hereby agree to participate in the 2019-2020 Track and Field Indoor/Outdoor season with West Coast Striders Track Club. I confirm I am a Member of USA Track & Field, Registered with USA Track & Field Arizona, Completed a Medical Release Form, and have paid the required club registration and uniform fees.

Athlete Name: _____

Athlete Signature: _____

Date: ____/____/____

I hereby grant my child permission to participate in the 2019-2020 Track and Field Indoor/Outdoor season with West Coast Striders Track Club and confirm my child is a Member of USA Track & Field, Registered with USA Track & Field Arizona, Completed a Medical Release Form, and have paid the required club registration and uniform fees.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: ____/____/____



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MEDICAL RELEASE FORM:

Athlete: _____ Date Of Birth: ____/____/____ Gender: (M/F) ____

Athlete Address: _____

City: _____ State: _____ Zip: _____

Known Allergies/Injuries (Current or Previous): _____

Current Medications: _____

In case of emergency, contact:

Name	Phone	Relationship to Athlete

Athlete Signature: _____ Date: ____/____/____

Parent / Guardian Signature: _____ Date: ____/____/____

MEDICAL AUTHORIZATION:

Family Physician: _____ Phone: () _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital Preference: _____

Medical Insurance Co: _____ Policy No: _____ Group ID#: _____

In case of an emergency, if family physician cannot be reached, I hereby authorize myself to be treated or if minor child, parent authorizes minor to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R., Physician)

Athlete Authorization:

Athlete Signature: _____ Date: ____/____/____

Parent / Guardian Signature: _____ Date: ____/____/____