

YOUTH REGISTRATION PACKET
2019 TRACK & FIELD SEASON





WEST COAST STRIDERS TRACK CLUB

CLUB INFORMATION:

Current Season: Spring - Summer 2019

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

Practice Days/Time: 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 the prime track season is late January 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.



WEST COAST STRIDERS TRACK CLUB

YOUTH REGISTRATION:

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

Nickname: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Number 1: () _____ - _____ Contact Number 2: () _____ - _____

Uniform Size Youth Top: SM (4-6) M (7-8) L (9-10) XL (11-12)

Uniform Size Youth Bottom: SM (4-6) M (7-8) L (9-10) XL (11-12)

Uniform Size Adult Top: SM (4-6) M (7-8) L (9-10) XL (11-12)

Uniform Size Adult Bottom: SM (4-6) M (7-8) L (9-10) XL (11-12)

School Of Attendance: _____ Grade: _____

Does Your School Offer Track & Field: _____

Parent or Guardian Name: _____ Relationship: _____

Contact Number 1: () _____ - _____ Contact Number 2: () _____ - _____

Primary Email: _____

Parent or Guardian Name: _____ Relationship: _____

Contact Number 1: () _____ - _____ Contact Number 2: () _____ - _____



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YOUTH 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**

2018-2019 West Cost Striders Track Club Registration Fee \$135 plus Uniform Fee \$55
Track Club & Uniform fees are payable via PayPal using a debit card or checking account. Fees are non-refundable.

***\$135 CLUB FEE Waived:** Maricopa High School student athletes who will join the MHS 2019 Track & Field High School Season are not required to pay the \$135 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 1, 2018

I hereby agree to participate in the 2018-2019 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 2018-2019 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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YOUTH MEDICAL RELEASE FORM:

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

Athlete Address: _____

City: _____ State: _____ Zip: _____

Known Allergies/Injuries (Current or Previous): _____

Current Medications: _____

Parent / Guardian Name: _____ Relationship: _____

Contact Number 1: () _____ - _____ Contact Number 2: () _____ - _____

If parent / guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Athlete
_____	_____	_____

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

YOUTH MEDICAL AUTHORIZATION:

Family Physician: _____ Phone: () _____ - _____

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

Hospital Preference: _____

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

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

Parent or Guardian Authorization:

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