

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





# WEST COAST STRIDERS TRACK CLUB

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## CLUB INFORMATION:

**Current Season:** Outdoor 2020

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

**Practice Days/Time:**     *\*Practice times are subject to change*  
5:00 PM Monday's  
5:00 PM Thursday's  
8:00 AM Saturday'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](http://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**
  
- 2020 West Cost Striders Track Club Registration Fee \$250. 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 February 14, 2020.
  
- Uniforms must be purchased by February 14, 2019. Uniforms are available to purchase on the website. Minimum uniform requirements are top, bottom, and spikes. Spikes can be purchased at sporting stores Dick's Sporting Goods or Big 5 Sporting Goods.

### 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](mailto: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**.

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## REGISTRATION DEADLINE: FRIDAY, FEBRUARY 14, 2020

*I hereby agree to participate in the 2020 Track and Field 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 2020 Track and Field 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
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Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_