



KINGS TRACK CLUB – (AAU CLUB CODE: **WY7BAY**)
(USATF CLUB CODE: **14-1453**)
9526 Argyle Forest Blvd. B2-117 Jacksonville, FL 32222 / PH: (904)413-8052

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2019 AAT SPORTS ACADEMY TRACK PROGRAM REGISTRATION FORM

Name _____
(Last) (First)

Address _____ City _____ State _____ Zip _____

Parent's Phone _____ Member's Phone _____

Parent's Email _____ Member's Email _____

Age _____ Date of Birth _____ Grade _____ School Attending (2018/2019) _____

Number of years running competitively: _____ Schools/Clubs participated with: _____

Events participated in: _____

Each member must have: USATF/AAU membership cards, current physical, certified copy of birth certificate (Before he/she may participate)

CLUB FEES: \$190 (Returning Athlete) \$300 (New Athlete) Includes: AAU/USATF membership, Training, T-shirt, and Uniform

UNIFORM/T-SHIRT SIZE (CIRCLE ONE) YOUTH: M L ADULT: S M L XL

(New Athlete Only)

PARTICIPATION WAIVER

Name of Parent or Guardian of Athlete _____

Address _____ City _____ State _____ Zip _____

Relationship to Athlete (Mother, Father, Guardian, etc.) _____

As the parent or legal guardian of the above athlete _____, I fully understand that participation in athletics, in this case track and field, could result in both minor and serious injury and even death. I further understand that to minimize the risk of injury or harm, the athlete should have had a physical within the current year. I (Parent/Guardian) assume any and all risks associated with the above athlete's

participation as a member of the AAT Sports Academy and KINGS Track Club and I hereby waive and release the AAT Sports Academy KINGS Track Club, its coaches and representatives, of any and all rights for damages or injuries suffered while participating with the AAT Sports Academy KINGS Track Club during a scheduled

practice, conditioning session or competition; while traveling to or from a scheduled practice, conditioning session or competition; or during any other Club related activity.

PHOTO/MEDIA RELEASE

I understand and agree that Kings Track Club has my permission to take and use my child's track and field/club photographs, digital images, and video images for official Club purposes such as, but not limited to media press releases and the club newsletter. Furthermore, I understand that with my signature I consent to the organization's right to publish photographs depicting the minor athlete/child named above engaged in field and track events of Kings Track Club, whether as an active participant or as an observer, on the official Kings Track Club Website found at the web address www.aatsportsacademy.com and any other social media associated with Kings Track Club.

I have fully read and considered all of the terms and statements contained in this release.

My signature, represents that I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exist between the child and myself. By my signature, also, I have read and agree to all rules and guidelines of Kings Track Club.

MEDICAL WAIVER AND RELEASE

I hereby acknowledge that a physician has examined registered athlete, within one (1) year of participation of Kings Track Club's training and competition seasons. Furthermore, I acknowledge that said physician has certified that said athlete has been cleared to participate and compete in the various athletic activities related to track and field participation, contests, and competitions. Furthermore, I do hereby give my consent for the above athlete to participate in Kings Track Club's Track & Field Program. I hereby waive and release any and all claims I may have against Kings Track Club Its officers, directors, employees, coaches and agents or its representatives from any and all liability due to personal injury resulting from activities sponsored by Kings Track Club or for which Kings Track Club is a participant. Moreover, I authorize the coaching staff or assigned chaperones of Kings Track Club to act as Spokesperson in granting permission for emergency Treatment/Hospitalization (including Anesthesia), if necessary for the aforementioned athlete and to make any decisions concerning the health, welfare and safety including medical treatment of this athlete during my absence. I understand that should a Health Emergency arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

I have fully read and considered all of the terms and statements contained in this release.

My signature, represents that I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exist between the child and myself. By my signature, also, I have read and agree to all rules and guidelines of Kings Track Club.

Parent or Guardian Signature _____Date_____

Participant/ Athlete's Signature _____Date_____