

2018 Registration Information Page



Thank you for signing up with our club.

Please KEEP this information page and turn in the 3 Registration pages to our Admin team.

Registration cost is \$175.00. Registration includes the following: AAU membership/insurance, Uniform, AAU District Qualifier meet fee. Athletes are responsible for transportation to and from the track meets. **Practice meet fees, Regional Qualifier fee and Junior Olympics fee are not included.**

You must pay in full to register with the club. Athletes may not participate with the club until registration is completed. **We have a NO REFUND POLICY.**

We accept cash, money order, cashier's check or personal check. All personal checks will be charged \$25 for any NSF fees. **Please make checks payable to STAAURRTC.**

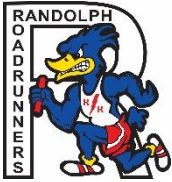
We also need a **COPY of the athletes Birth Certificate.** Our admin team will keep this on file for the season. Please bring your athlete to the onsite registration for uniform sizing. If you register after the onsite registration, we will schedule sizing days for the athlete.

Practice begins March 19th at Universal City Park The address is 305 North Blvd, Universal City, TX 78148

Practice begins at 6:00pm and will wrap up around 7:30pm. Practice days are Monday and Thursday. We will announce a date when we will relocate to the Track. The track location is yet to be determined pending coordination approval. We will announce our summer schedule sometime closer to the end of May. Our summer schedule is Monday, Tuesday and Thursday 6pm to 8pm. Practice for specialty events will be on Wednesdays.

Provide the best mobile number & email address and we will add it to our onecall notification list. This is how we provide updates throughout the season to our members. Please check the website often and please like us on our Facebook page. You can find the link on our website.

Base Pass Information Fill out a Base Access Information Form if you do not have access to Randolph AFB. This list should include the athlete(s) and ALL drivers that will potentially bring the athlete to practice and anyone else that may be in the vehicle. This form is due back to ADMIN as soon as possible.



**2018 RANDOLPH ROADRUNNERS TRACK AND FIELD CLUB
REGISTRATION/RELEASE OF LIABILITY/STATEMENT OF PHYSICAL
CONDITION/CODE OF CONDUCT/FUNDRAISER**



Name _____
(First) (MI) (Last)

(Check one) Male _____ Female _____ Age as of December 31, 2018 _____ Date of Birth _____
mm/dd/yyyy

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian's Name _____

Please provide the best number and e-mail for our ONE CALL notification system

Phone _____ (mobile number preferred for onecall notifications) e-mail _____

Grade and School Attending: Fall 2018 _____

NO REFUNDS

NO REFUNDS

**Registration Fee is \$175.00
Any NSF personal checks will be charged \$25.00**

RELEASE OF LIABILITY/STATEMENT OF PHYSICAL CONDITION

This form must be signed and submitted to the coaching staff before the athlete can practice and compete in any track and field events. In consideration for my child's being accepted as a member of the STAAU Randolph Roadrunners Track and Field Club and intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, forever discard, waive and release and agree not to sue the Amateur Athletic Union of the U.S., Inc ("AAU"), its club/teams, any sponsors, volunteer coaches, advisory staff, volunteer assistants, officials, and owners/leasers of premises for any accident, injury, or death sustained in connection with the track and field training or meet competition. I have full knowledge of the risks involved in training/competition and state that my child is physically fit to participate in track and field training and meet competition. I also understand that participation on this team may involve travel to and from various track and field meet locations and as the need arises, do give permission for delegated volunteers to transport my child to such locations. I give Randolph Roadrunners Track and Field Club permission to use my child's name, photo on any productions, promotions and advertisements relevant to the club.

Date: _____ Signature (Parent/Guardian): _____

If medical care is necessary and a parent/guardian is not available for notification, please list the following medical related information.

Physician's Name: _____ Phone # _____

ADMINISTRATION USE ONLY:		
AMOUNT PAID _____	DATE PAID _____	PAYMENT TYPE _____



Code of Conduct/Fundraiser



Name _____ (Print Athlete's Name)

We understand the STAAU Randolph Roadrunners Track and Field Club is committed to teaching the correct basic skills, running and conditioning, which are the foundation for all sports. If discipline is the issue, they will enforce the **THREE STRIKES, YOU'RE OUT RULE**. The athlete will receive counseling and will be sent home. The parent must speak with the coach before the athlete can return. If it happens a third time, the athlete's AAU card will be pulled and the athlete will be removed from the club.

I will participate in all practices, unless otherwise discussed with coaches prior to practice.

I understand unexcused tardiness and absences can result in being removed from group relays and possibly the club if these are excessive.

I understand as an athlete and parent/guardian the COACHES are in charge and will select the event(s) best suited for my child. I will make every effort to complete my workout.

I know if I willfully disobey my coaches, use bad language, get into a fight or argue with officials, I am subject to disciplinary action and possible ejection from the club. Fighting, pushing, shoving or disrespecting other athletes is not allowed.

During meets or competition, I will participate in events designated by my coach, unless injury or illness prevents.

If I feel ill or suspect I have an injury, I will inform my coach.

I understand no obscene material is allowed at practice or track and field meets.

As an athlete, I will not display any public affection while at practice or at track and field meets.

I will notify my coach or make other arrangements if I am unable to pick my child up on time.

As a parent/guardian, I will not criticize the club's coaches or helpers in the public presence of my child or other members of the club.

As a parent/guardian, I will assist the club with Volunteer activities.

As a parent/guardian, I will raise any concerns directly with the head coach in an appropriate forum.

I understand these rules will continue while being a part of this club, even during the AAU Junior Olympics.

2018 FUNDRAISER

This year's fundraiser requires each Athlete to sell a minimum of 50 bags of Popcorn. You can choose to OPT-OUT for \$50 per Athlete. The OPT-OUT option is available for families that do not have the time to participate in the Popcorn Fundraiser. We will provide more information on the fundraiser start dates when practice begins.

Please sign here to acknowledge the Code of Conduct and Fundraiser

Signature (Athlete): _____

NO REFUNDS

Signature (Parent/Guardian): _____ Date _____



Uniform Sizing



Athletes Name: _____

Phone: _____ (best number to call for uniform questions)

(Check one) Male _____ Female _____ Date of Birth: _____ Date Registered: _____

Grade and School Attending: Fall 2018 _____

Admin will size up each athlete. Please bring your athlete along during registration. If you register after the onsite registration, we will schedule sizing days for the athletes during practice.

(Fill out the top portion only and return to admin)

Youth Boys & Girls Compression Top (12 and under)

XS _____	S _____	M _____	L _____	XL _____
Shirt Size 5/6	7/8	9/10	11/12	13/14

Youth Boys & Girls Compression Shorts (7 inch inseam)

S _____	M _____	L _____
Waist size 20-21	22-23	24-25

Men's Adult Size Compression Top (13 and up)

XS _____	S _____	M _____	L _____	XL _____	2XL _____
Chest Size 32-34	34-36	38-40	40-42	42-44	46-48

Men's Adult Size Compression Shorts (8-9 inch inseam)

S _____	M _____	L _____	XL _____	2XL _____
Waist size 26-28	30-32	34-36	38-40	42-44

Women's Adult Size Compression Top (13 and up)

XS _____	S _____	M _____	L _____
Shirt Size 4/5	6/8	9/10	12/14
Chest Size 26-28	30-32	32-34	34-36

Women's Adult Size Compression Shorts (3 inch inseam)

XS _____	S _____	M _____	L _____
Waist size 23-25	26-28	29-30	31-33

ADMINISTRATION USE ONLY: REGISTRATION PAID IN FULL YES OR NO (CIRCLE ONE) ADMIN INITIALS _____