

AZDT

AZ Desert Throwers

Participating Member Registration Form

NAME _____ DOB _____ AGE _____

ADDRESS _____

EMAIL _____ USATF # _____

PHONE #'S - HM () - WK () - CELL () -

EMERGENCY CONTACT _____ PHONE() -

T-Shirt Size _____ Tank Top Size _____

INFORMED CONSENT - I hereby acknowledge that I have voluntarily chosen to participate in a potentially strenuous training program. I further acknowledge that I am fully aware of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to abnormal blood pressure, fainting, heart attack or death. By signing this document, I agree to assume all risk for my health and well-being and agree to hold harmless of any responsibility for any and all injuries resulting from participation in the program David N. Bickel, AZ Desert Throwers, the USATF and any and all other agents, officers, successors and assigns of AZ Desert Throwers and the USATF. I certify that I am in good health and that I am prepared to participate in AZ Desert Throwers training sessions, functions, and events. I understand that questions about training procedures and recommendations are encouraged and welcomed.

EMERGENCY MEDICAL RELEASE - I give my permission for any emergency treatment necessary either at the practice facility or at the competition facility. I authorize any hospital and/or physician to perform emergency treatments from any injuries resulting from any scheduled AZ Desert Throwers practice, function or event. (Parent/Guardian Signature below authorizes treatment for Participating Members under 18 YOA.)

* Signature _____ Date _____

Parent/Guardian Signature if under 18 YOA - _____ Date _____

Team Mission, Rules and Ideals -

It is the mission of the AZ Desert Throwers to provide the opportunity and a positive environment for all to learn, practice and compete in all of the track and field throwing events.

As a participating member of the AZ Desert Throwers club, I agree to always do my best to behave in such a way as to reflect positively on myself, my coaches, my club, my teammates, my fellow competitors, the officials, the spectators, the USATF, and the human race in general.

As a participating member of the AZ Desert Throwers club, I agree to always do my best to:

- ◆ remain healthy, have fun, and throw as far as I possibly can, in that order.
- ◆ not hit anyone with anything, and to not get hit by anything.
- ◆ adhere to the USATF rules of competition.

I agree to allow AZ Desert Throwers and assigns to use my likeness, picture, and/or written or verbal comments, in whole or in part for educational/promotional purposes.

My signature indicates that I am aware of, understand, and agree to adhere to the above rules and ideals.

* Signature _____ Date _____

Parent/Guardian Signature if under 18 YOA - _____ Date _____

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AZ Desert Throwers

MEDICAL HISTORY

Are you currently under a doctor's care? (If yes, please explain)

Do you now or have you had in the past:

- | | |
|---|---|
| <input type="checkbox"/> yes <input type="checkbox"/> no Known heart disease | <input type="checkbox"/> yes <input type="checkbox"/> no Difficulty with physical exercise |
| <input type="checkbox"/> yes <input type="checkbox"/> no History of heart problems, chest pain, or stroke | <input type="checkbox"/> yes <input type="checkbox"/> no Advise from a physician not to exercise |
| <input type="checkbox"/> yes <input type="checkbox"/> no Chest pain with exertion | <input type="checkbox"/> yes <input type="checkbox"/> no Tobacco use |
| <input type="checkbox"/> yes <input type="checkbox"/> no Diabetes or thyroid condition | <input type="checkbox"/> yes <input type="checkbox"/> no Recent surgery(within last 12 months) |
| <input type="checkbox"/> yes <input type="checkbox"/> no Any chronic illness or condition | <input type="checkbox"/> yes <input type="checkbox"/> no Pregnancy(now or within last 3 months) |
| <input type="checkbox"/> yes <input type="checkbox"/> no Lightheadedness or fainting | <input type="checkbox"/> yes <input type="checkbox"/> no Obesity |
| <input type="checkbox"/> yes <input type="checkbox"/> no High blood pressure | <input type="checkbox"/> yes <input type="checkbox"/> no History of heart problems in immediate family |
| <input type="checkbox"/> yes <input type="checkbox"/> no High cholesterol | <input type="checkbox"/> yes <input type="checkbox"/> no Muscle, joint or back disorder |
| <input type="checkbox"/> yes <input type="checkbox"/> no History of breathing or lung problems | <input type="checkbox"/> yes <input type="checkbox"/> no Any previous injury still affecting you |
| <input type="checkbox"/> yes <input type="checkbox"/> no Unusual shortness of breath | <input type="checkbox"/> yes <input type="checkbox"/> no Hernia or any condition that may be aggravated by strenuous training |

Please explain any "yes" answers : _____

Please list any medications you are taking and why: _____

*

Signature _____

Date _____

Parent/Guardian Signature if under 18 YOA - _____

Date _____

Participating Member Fee is \$0.00. Voluntary Contributions Payable to "AZ Desert Throwers".

Participating Member Benefits:

- ◆ Access to team practices, facilities and implements.
- ◆ Coaching, camaraderie, and association with others who share a true passion and devotion to the throwing events.
- ◆ Opportunity to order AZDT Team apparel. (Some exceptions may apply)
- ◆ Opportunity to set and break team records.
- ◆ Opportunity to win team awards.
- ◆ Opportunity for team scoring at National events.

Contact: David Bickel, Head Coach and President, AZ Desert Throwers

Phone - (602) 571-3600 Email - cbfdave@cox.net Address – 12232 N. 65th Street, Scottsdale, AZ 85254