



Zephyrs *Track* Club

2010 - 2023
Membership Form
(membership rates are subject to change)

FAMILY INFORMATION

PARENT/GUARDIAN NAME:		
CURRENT ADDRESS:		
CITY/STATE/ZIP:		
HOME PHONE:	WORK	CELL
E-MAIL		

ATHLETE #1 NAME:
AGE:
BIRTHDAY:

ATHLETE #2 NAME:
AGE:
BIRTHDAY:

ATHLETE #3 NAME:
AGE:
BIRTHDAY:

COMMITTEES OF INTEREST (PLEASE SELECT ONE OR MORE)

<input type="checkbox"/> FUNDRAISING	<input type="checkbox"/> PUBLIC RELATIONS
<input type="checkbox"/> VOLUNTEERS	<input type="checkbox"/> RECORDKEEPING
<input type="checkbox"/> TRAVEL	<input type="checkbox"/> TEAM MANAGEMENT

MEMBERSHIP FEE (PROVISO EAST ELEMENTARY): \$150 PLUS UNIFORM FEE (\$100)
MEMBERSHIP FEE (HIGH SCHOOL): \$100.00 PLUS UNIFORM FEE (\$100)

METHOD OF PAYMENT: CASH CHECK MONEY ORDER AMOUNT: _____
 (MAKE MONEY ORDERS PAYABLE TO ZEPHYRS TRACK CLUB)

SIGNATURE: _____

DATE: _____

(Note: Membership fees are non-refundable).

Release Form

Athlete's Name _____ **Date** _____

Publicity Release Form

I give permission to the Zephyrs Track Club to use my name or my child's name, picture, or statement for the purpose of promoting, advertising, and raising money for the Zephyrs Track Club.

_____ (Initial)

Parent's Responsibilities

Parents are important to the success of the athlete and the track club. Therefore, we ask the parents to observe the following guidelines:

- Maintain a positive attitude.
- Realize that once an athlete is at a given facility, they are under the supervision/jurisdiction/guidelines of the coaching staff.
- Insure that the athlete is at practice and at meets on time.
- Provide transportation for the athlete to and from practice and meets.
- Remain in the seating area at practice and meets.

_____ (Initial)

Athlete's Responsibilities

Athletes represent our organization, the coaching staff, their families, and themselves. We expect all athletes to observe the following guidelines:

1. Use appropriate language at all times (Inappropriate language will not be tolerated).
2. Avoid the use of illegal drugs and alcohol.
3. Respect others and their property.
4. Avoid fighting.
5. Respect coaches and their decisions.
6. Accept constructive feedback.
7. Put forth a 100% effort during practice and meets.
8. BE ON TIME and stay in assigned areas.
9. Eat properly. Junk food (pop, candy, chips, cookies, etc) is not allowed before or during practice or at meets.
10. Attend all practices and meets.
11. Compete in assigned or designated events.

_____ (Initial)

Medical Conditions

No _____

Yes _____ Condition _____

Medication or Special Attention Required? _____

_____ (Initial)

**WAIVER/RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR THE
CHICAGOLAND ZEPHYRS ATHLETIC ASSOCIATION**

Please read this form carefully and be aware that, in signing up and participating in the Chicagoland Zephyrs Athletic Association, a.k.a. the Zephyrs Track Club, you will be waiving and releasing all claims for injuries arising out of this program that you or the registered participant might sustain. The terms, "I", "me", and "my" also refer to parents or guardians as well as the participants in the program. In registering for this program, you are agreeing as follows:

As a participant in the program, I recognized and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Chicagoland Zephyrs Athletic Association any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the agreement).

I do hereby fully release and discharge the Chicagoland Zephyrs Athletic Association, and any and all other released parties, from any and all claims resulting from injuries, including death; damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as "participation", "program" and "activities", referred to in this Agreement, included all exercise and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisement or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

If under 18 _____ Date _____
(Signature of Parent)

(Signature of Athlete) _____ Date _____

Zephyrs Track Club

Please help me, _____, participate as an athlete with the Zephyrs Track Club. The fee for the summer of 2010 is \$150.00 (elementary school) and \$100.00 (high school). My uniform fee is \$100.00. All donations are applied directly to my membership and uniform obligation.

Thank You.

<u>Name</u>	<u>Amount</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
Total	_____

Zephyrs Track Club

Signature Consent Form

I, hereby, give permission for any background checked, USATF/AAU registered, Zephyrs Track Club coach and/or administrator to sign my name for the purposes of enrollment or advancement in USA Track and Field and/or AAU Athletics competitions. This permission is granted as long as my child is an active member of the Zephyrs Track Club.

ATHLETE's
NAME _____

SIGNATURE (PARENT/GUARDIAN):

DATE _____

Zephyrs Track Club

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective as long as my child is a member of the Zephyrs Track Club.

ADDRESS:

HOME PHONE:

INSURANCE COMP:

POLICY NUMBER:

In case I cannot be reached, any of the following persons is designated to act on my behalf:

* COACH: Any background checked, USATF and/or AAU-registered, Zephyrs Track Club Coach and/or administrator.

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____