



# TRACK AND FIELD REGISTRATION PACKET

Visit us at: [www.becomefitness.net](http://www.becomefitness.net)

Email: [Josue@becomefitness.net](mailto:Josue@becomefitness.net)

561-305-4795

# **REGISTRATION FORM**

**PLEASE PRINT**

Athletes Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: Female \_\_\_\_ Male \_\_\_\_ Current Age: \_\_\_\_\_ Age on December 31, 2018 \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone (please specify): \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation to Athlete: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Athletes Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

-----  
\*2018 USATF Age Group \_\_\_\_\_ \*\* 2018 AAU Age Group \_\_\_\_\_

Previous Experience: FLYTAF   AAU   USATF      Events Contested: \_\_\_\_\_  
-----

**I AGREE TO ABIDE BY THE RULES OF BECOME ELITE TRACK AND FIELD CLUB. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE.** I understand that, with my child's membership, I assume the responsibility of assisting with the fundraisers and the competitions that the club shall host/participate in, in whatever capacity for which I am qualified and/or needed.

\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

# **PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM**

## **PLEASE PRINT**

I am the parent/legal guardian of \_\_\_\_\_.

By my signature I hereby give my consent for the above named child to participate in practices, track meets, road races, travel and other activities sanctioned, sponsored, and/or attended by Become Elite Track & Field Club. I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, FLYTAF, USA Track & Field (USATF) and AAU (Amateur Athletic Union) documents when entering my child in any sanctioned events.

Should I (or my child) decide to withdraw from participation with Become Elite Track & Field Club and its activities, I agree to notify BECOME ELITE in writing, that I am withdrawing the above named child and acknowledge that all REGISTRATION FEES PAID ARE NON-REFUNDABLE.

Further, in consideration of my child being accepted in Become Elite Track & Field Club, I hereby indemnify and hold harmless Become Elite Track & Field Club, Board of Directors, BECOME Head Coach, BECOME Coaches, BECOME Staff, BECOME assigned Chaperones and assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with my participation or travel to and from practices, track meets, road races or other activities sanctioned, sponsored and/or attended by the Become Elite Track & Field Club, FLYTAF, USATF and AAU.

The signee below represents that the above named child's medical history including allergies, medications being taken and physical impairments that will in any way effect the child's participation have been brought to the attention of Become Track & Field Club in writing on the Medical Acknowledgement/Waiver/Consent and Release form of Become Elite Track & Field Club.

I understand my child will not be covered by insurance provided by Become Elite Track & Field Club and that I either have my own major Medical Insurance Policy or, if not; I will cover the expenses of any injury.

By my signature I represent that by signing, 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 in the BECOME ELITE TRACK & FIELD CLUB Parent/Athlete Information Booklet/Handbook.

-----  
\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Athlete Participant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Athlete Participant*

\_\_\_\_\_  
*Date*

**MEDICAL ACKNOWLEDGEMENT, WAIVER, AND CONSENT AND RELEASE  
FOR EMERGENCY TREATMENT**

I (parent/legal guardian) \_\_\_\_\_

acknowledge that a physician has examined, registered athlete, within one (1) year of  
participation in BECOME ELITE TRACK & FIELD CLUB \training and competition  
seasons. Furthermore, I acknowledge that said physician has certified that said athlete has been cleared  
to participate and complete 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 Become Elite Track & Field Program. I THE UNDERSIGNED HEREBY WAIVE AND  
RELEASE any and all claims I may have against BECOME ELITE TRACK & FIELD CLUB, CORP.  
IT'S OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AND AGENTS OR ITS representatives  
FROM ANY AND ALL LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES  
SPONSORED BY BECOME ELITE TRACK & FIELD CLUB, CORP. OR FOR WHICH BECOME  
ELITE TRACK & FIELD CLUB , IS A PARTICIPANT. Moreover, I authorize the coaching staff or  
assigned chaperones of BECOME ELITE TRACK & FIELD 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.

-----  
\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of illness or accident, I \_\_\_\_\_, give my permission for the emergency medical treatment of my child, \_\_\_\_\_, if I cannot first be contacted. My home phone number is \_\_\_\_\_ and my cell number is \_\_\_\_\_. I understand that I am fully responsible for all costs associated with the treatment of my child. Furthermore, I notify Become Elite Track & Field Club that my child has the following health concerns, problems, and/or issues:

**He/she is taking the following medications:** \_\_\_\_\_.

**He/she is allergic to the following medications/foods:**

\_\_\_\_\_.

**Other important notes related to medical treatment, history or concerns:**

\_\_\_\_\_

\_\_\_\_\_.

-----

*I have fully read and considered all of the terms and statements contained in this release before affixing my signature.*

\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

---

## **PHOTO/MEDIA RELEASE FORM**

By signing below, I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (minor child/athlete), understand and agree that Become Elite Track & Field 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 by signing below I give consent to the organization to publish photographs depicting the amateur athlete/child named above engaged in track and field events of Become Elite Track & Field Club whether as an active participant or as an observer, on the official Become Elite Track & Field Club website found at [www.becomefitness.net](http://www.becomefitness.net) or the Become Fitness Instagram account found at Josue\_becomefitness.

-----

*I have fully read and considered all of the terms and statements contained in this release before affixing my signature.*

\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## **TRACK AND FIELD MEET VOLUNTEER PROGRAM FORM**

Become Elite Track & Field Club may host Florida Youth Track and Field Association (FLYTAF) developmental meets during the season. The meets are tentatively scheduled from 8:30 until 3:00. Also, we are responsible for providing volunteers for one (1) or (2) contested events at meets not hosted by our team. Please check all preliminary areas of interests. In order to accommodate your schedule, we will inform you of exact dates and needs as early as possible..

**Parent Name:** \_\_\_\_\_ **Athlete Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Please look at the following form and check all areas of interest. We will do our best to make the assignments with your interests in mind, but ultimately will make assignments based on Meet's needs.

### **Concession Stand (2-3 each shift):**

- ☐ 7:00 – 10:00 AM
- ☐ 9:00-11:00 AM
- ☐ 11:00-1:00 PM
- ☐ 1:00-3:00 PM
- ☐ 2:00-4:00PM

### **Field Events (Volunteers Report on or before 8:00 AM):**

- ☐ Shot Put (1-2)
- ☐ High Jump (2)
- ☐ Running Long Jump (3)

### **Other Meet Day Volunteers:**

- ☐ Timers (6)
- ☐ Referee (1)
- ☐ Equipment Manager (radios, tape measures, rakes, starting blocks, etc.)
- ☐ Finish Line Judge (2)
- ☐ Stager/Clerk of Course (2)
- ☐ Team Manager Date Entry (1)
- ☐ Gate Attendant (1)
- ☐ Bullpen (1)
- ☐ Ribbon/Award Table (3)
- ☐ Starting Block Crew (1)
- ☐ Registration/Check-In (2)
- ☐ Result Runner (1)
- ☐ Meet Announcer (1-2)
- ☐ Walkers (3)
- ☐ Starter (1)
- ☐ Relay Zone Judges (3)
- ☐ Meet Day Set-Up Crew (3-4) \* to report at approximately 7:00 AM
- ☐ Meet Day Take Down Crew/Clean Up/Trash Crew (4-5)
- ☐ Lane Judge (3)
- ☐ Medical Personnel

I am a \_\_\_\_\_.

## **REGISTRATION CHECKLIST**

PARTICIPANT/ATHLETE'S NAME: \_\_\_\_\_

**Please check off the following items as completed.**

**Return the registration forms and checklist to Become Elite Track & Field Club.**

The following forms are needed in order to complete your registration:

- ☐ Registration Form (please complete **ALL** information).
- ☐ Registration Fee - \$125 initial registration fee required upfront per athlete. 10% discount available for additional athletes living at the same address. Fee includes ALL meets, (1) Become Elite Track & Field Club T-Shirt and (1) sweatshirt.
- ☐ Parent/Legal Guardian Consent and Release Form (signed by **BOTH** parent/guardian and participant).
- ☐ Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment Form (Signed by parent/guardian)
- ☐ Authorization for Medical Treatment
- ☐ Birth Certificate (3) copies - no originals please!
- ☐ Volunteer Sign up Form
- ☐ Photo/Media Release Form
- ☐ Calling Post Phone Tree Form
- ☐ 2018 Registration Checklist

-----  
***I have read and fully understand all of the information that has been presented to me.***

\_\_\_\_\_  
*Printed Name of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*





**AMERICA'S ONE-TO-MANY MESSENGER**

In order to enhance communication, Become Elite Track & Field Club uses the Calling post to notify you of meet rescheduling and/or cancellations due to weather, to announce variable schedules and last minute practices, and sometimes to remind members about critical responsibilities and needs for a meet, practice or photo shoot.

Please complete the following form with the telephone number our coaches should call in an emergency-- to notify you of meet delays, cancellations, etc. This number should be one to which you have access at varied times. For example, if you give us your home number, but come to practice directly from work, you might not get the message at home in time to save you a trip. If you leave your office number, but you travel from site to site and don't check in with your office every day, you might want to leave another number. Again, please give us the number where you might be reached in case of an emergency like a meet cancellation. Thanks.

## Become Elite Track & Field Club Phone Tree

**Parent/Guardian's Name:** \_\_\_\_\_

**Preferred Number(s):** \_\_\_\_\_

**Name of Athlete(s):** \_\_\_\_\_

