

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

SHOCKWAVES

Youth TRACK & XC CLUB

REGISTRATION PACKET

[] 2021 Indoor Track (Reg. Fee \$60)

[] 2021 Outdoor Track **Spring** (Reg. Fee \$45)

[] 2021 Outdoor Track **Summer**(Reg. Fee \$99)

[] 2021 Cross Country (Reg. Fee \$99)

(Only one full registration packet is required per calendar year--if you complete a packet for the 2021 Indoor Track season and your youth runner wants to compete in the 2021 Outdoor or XC seasons, you will only be required to turn-in a returning athlete packet, which consists of pages 1, 2 & 8 of this packet. If significant changes occur with your youth athlete's medical history since submission of your initial annual full registration packet, you must submit an updated full registration packet)



Shockwaves Coaches

Team Director: Shannon Freese - Cell: 509-939-4620

Head Coach: Nick Freese - Cell: 509-953-3160

Asst. Coach: Todd Hauser - Cell: 573-529-1717

Asst. Coach: Stephanie Zuehls - Cell: 262-909-1895

Website: www.kenoshashockwaves.com

Facebook: www.facebook.com/ShockwavesTrack

Email: YouthKenoshaXC@gmail.com

Team App Site: Shockwaves.teamapp.com

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

2021 REGISTRATION FORM

PLEASE PRINT

Athlete's Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: Female Male Age: _____ School Grade: _____ Age on December 31, 2021 _____

Parent's/Guardian's Name(s): _____

Home Phone: _____ Other Phone (specify): _____

Cell _____

Cell _____

E-mail: _____

E-mail: _____ Emergency _____

Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

2021 USATF Age Group: _____ 2021 AAU Age Group: _____

Previous running experience (Track or Cross Country): AAU _____ USATF _____ KSD _____ SSPL _____

Events Contested: _____

I AGREE TO ABIDE BY THE RULES OF THE SHOCKWAVES TRACK & CROSS COUNTRY CLUB. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE. I understand that, with my child's membership, I understand that I may be asked to participate in the fundraisers and/or the competitions the club shall host/put on in whatever capacity for which I am qualified and/or needed. Additionally, I understand I will be responsible to support my athlete's participation in these events

Signature of Parent or Legal Guardian

Dated this _____ day of _____, 20____

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

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 The SHOCKWAVES TRACK & CROSS COUNTRY CLUB (SHOCKWAVES). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, 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 The SHOCKWAVES TRACK & CROSS COUNTRY CLUB and its activities, I agree to notify the SHOCKWAVES 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 the SHOCKWAVES, I hereby indemnify and hold harmless The SHOCKWAVES TRACK & CROSS COUNTRY CLUB, Board of Directors, SHOCKWAVES Head Coach, SHOCKWAVES Coaches, SHOCKWAVES Staff, SHOCKWAVES 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 SHOCKWAVES, 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 The SHOCKWAVES TRACK & CROSS COUNTRY CLUB in writing on the Medical Acknowledgement/Waiver/Consent and Release form of The SHOCKWAVES TRACK & CROSS COUNTRY CLUB.

I understand my child will not be covered by insurance provided by The SHOCKWAVES TRACK & CROSS COUNTRY 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 SHOCKWAVES Parent/Athlete Information Booklet/Handbook.

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____

PARTICIPANT SIGNATURE _____

DATE: _____ PARTICIPANT'S BIRTHDATE: _____

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

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
The SHOCKWAVES TRACK & CROSS COUNTRY 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 The SHOCKWAVES Track & Field Program. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against The SHOCKWAVES TRACK & CROSS COUNTRY CLUB, 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 THE SHOCKWAVES TRACK & CROSS COUNTRY CLUB, OR FOR WHICH THE SHOCKWAVES TRACK & CROSS COUNTRY CLUB, IS A PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE SHOCKWAVES TRACK & CROSS COUNTRY 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.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE: _____

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

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 number is (_____) _____ and my

cell number is (_____) _____. I

understand that I am responsible for all costs associated with the treatment of my child.

Furthermore, I notify The SHOCKWAVES TRACK & CROSS COUNTRY 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: _____

Important notes related to emergency treatment: _____

Signature of Parent/Guardian: _____

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

Photo/Media Release Form

By signing below, I, _____, parent or legal guardian of _____ (minor child/athlete)

understand and agree that The SHOCKWAVES TRACK & CROSS COUNTRY 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 consent to the organization's right to publish photographs depicting the minor athlete/child named above engaged in field and track events of The SHOCKWAVES TRACK & CROSS COUNTRY CLUB, whether as an active participant or as an observer, on the official The SHOCKWAVES TRACK & CROSS COUNTRY CLUB Facebook page found at the web address:

<https://www.facebook.com/shockwavetrack>

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

EXECUTED this ____ day of _____, 20__.

Parent or Legal Guardian Signature

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

Shockwaves Mini Meet Volunteer Form

The SHOCKWAVES TRACK & CROSS COUNTRY CLUB may host SHOCKWAVES MINI MEETS during the season. Please check all 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.

I am normally available to volunteer on the following days of the week and I would prefer to volunteer for the following meet tasks:

- Saturday
- Sunday
- Monday Afternoon/Evening
- Tuesday Afternoon/Evening
- Wednesday Afternoon/Evening
- Thursday Afternoon/Evening
- Friday Afternoon/Evening

- Starter (1)
- Timers (6)
- Finish line judge
- Lane Judge/Relay zone
- Registration/check in (2)
- Awards Table/Ribbons/Medals (2)
- Results data entry
- Meet Day - Set-up crew
- Meet Day - Tear down/clean up crew

- I am willing and able to provide Medical support – I am a:
- Doctor
- Nurse (RN/NP/DNP)
- Paramedic
- Other

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB

2021 REGISTRATION CHECKLIST

PLEASE PRINT

PARTICIPANT/ATHLETE'S NAME: _____

Please check off the following items as completed.

Return the registration forms and checklist to The SHOCKWAVES TRACK & CROSS COUNTRY CLUB.

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

- 2021 Registration Form (please complete all information)
- Parent/Legal Guardian Consent and release Form (signed by parent & participant)
- Medical Acknowledgment, Waiver, and Consent for Emergency Treatment (signed by parent)
- Authorization for Medical Treatment
- Birth Certificate – 3 copies* No originals please!
*Birth certificate must be presented before participation in competition...NO exceptions!!!!
- Volunteer Sign up form
- Photo/Media Release form
- Phone Tree Form
- 2021 Registration Checklist

2021 Registration Fees:

_____ **Indoor Track \$60.00** _____ **Outdoor Track \$99.00** _____ **Cross Country \$99.00**

DISCOUNT FOR ADDITIONAL ATHLETES IN THE SAME FAMILY AT SAME ADDRESS

(Discount Does Not Apply to the Indoor Track Season)

Athlete #2 = 25% discount Athlete #3 = 50% discount

Registration Fee Includes:

- (1) Coaching during at least two weekly practice sessions throughout the season
- (2) Coaching guidance at every meet/event the Shockwaves attend
- (3) Homework workouts as necessary
- (4) All administrative actions related to registration for Youth Track/XC meet/events
- (5) SHOCKWAVES T-Shirt

Registration fees DO NOT INCLUDE:

- (1) The Shockwaves Uniform Top (Singlet) or Uniform bottom (Shorts)
- (2) USATF or AAU Annual Membership
- (3) Fees associated with any indoor practice facilities
- (4) Fees associated with registration for individual track/cross country meet (Meet registration fees are typically around \$8-\$10/athlete/event for track and \$5-\$20/meet for XC)

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

Parent or Legal Guardian Signature: _____ Date: _____

KENOSHA SHOCKWAVES YOUTH TRACK & XC CLUB



In order to enhance communication, The SHOCKWAVES TRACK & CROSS COUNTRY CLUB uses the TEAM APP for most all communications, including notification of meet schedules, 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 team 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.

THE SHOCKWAVES TRACK & XC CLUB

Phone Tree Contact Info

Parent/Guardian's Name: _____

Most Answered Number(s): _____

Name of Athlete(s): _____