

ADMINISTRATIVE USE ONLY: PAYMENT _____ BIRTH CERTIFICATE _____ INS _____

MEDS _____ PHONE _____ EMAIL _____ SINGLET _____ SHORTS _____ BSUIT _____ INITIAL _____



**Virginia Special Forces Track Club
Outdoor Track Registration Form 2010**

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD YOU WISH TO REGISTER AND PRINT CLEARLY.

Return this completed form, including USATF Member Number and check for payment made out to Virginia Special Forces Track Club. Send to: Special Forces Track, 611 Talmadge Court, Leesburg, VA 20175. If you were **NOT** part of the Spring program last year, include Xerox copy of birth certificate (or proof of date of birth). Procedures for getting a USATF Member Number and your AAU number will be provided after registration and evaluation. To pre-register for veterans go to description on our Join Us website page (www.sftrack.org/joinus.htm).

Participant Information:

Age: (as of 12/31/2010) _____

Last Name: _____ First Name: _____ Birth date: ____/____/____

(attach copy of birth certificate if new to Spring program)

Address: _____

City/St/Zip: _____ Home Phone: _____

USATF Member Number (from Step A on the "Join Us" page): _____

Parent Information:

Father's Name: _____ Work Phone: _____

Home Address: _____ Cell Phone: _____

City/St/Zip: _____ Home Phone: _____

Your primary email address (es), i.e. those we can use to send important notices to you:
(DO NOT FILL IN IF YOU DO NOT USE EMAIL REGULARLY)

Mother's Name: _____ Work Phone: _____

Home Address: _____ Cell Phone: _____

City/St/Zip: _____ Home Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Information:

Company: _____ Policy Number: _____

Medical Information:

Primary Physician: _____ Phone: _____

General Health:

Please list any allergies, medications, or anything that could inhibit physical exertion.

Further Information:

Currently participating in the following sports (including level) _____

Previously participated in the following sports (including level) _____

Registration Details:

Payment Information: Please make checks payable to: ***Virginia Special Forces Track Club.***

Spring Season 2010

Special Forces Elite Program

March 14 – June 14 \$125 per month (siblings \$100.00)

There will be a \$190.00 non-refundable evaluation/Activity Fee. (Meet entry fees per participant, warm-up suit, uniform, shirt, bag, Loudoun Parks and Recreation Facility access (LCPRS sports tax) Championships fees are extra. If you are a returning member, your fee will be discounted depending on the gear you need.

Advanced Program Recommended for athletes seeking track on a full-time basis with a commitment to pursue personal training opportunities, advanced monitoring activities, advanced gear, homecare kits, cross-training sessions. Field trips to view or compete in major qualifiers for the championships (e.g., Penn Relays, USATF, AAU, etc.) Nominal individual entry fees will also be required for District, Regional's and Nationals. Practice 3 days a week.

The fees include club uniform/warm-up, approximately 200 hours of coaching, participant meet fees and relay team entry fees. There is no cost for entry to the Hershey meets.

(HS VIP) For High School athletes competing for their High Schools

\$25 Monthly Fee - This is intended for athletes that want Special Forces admin to pre-register for the summer championship season in advance or are currently competing for their teams that require may require access for emergency consultation from (e.g., coaches, doctors, collegiate advice, clinics, access to advanced instructional videos or books) to complement the existing overwhelmed high school services. (Note: Between proms and end of season HS events it is best to be ready for the championships that follow immediately after States. Pre-registration will help in that respect. Special Forces always defers to the training and programs conducted by the High School coaches. As high coaches ourselves we will not interfere with advice of the High school coaches or recommend activities not supported by the high school coach or is of the best interest for the student-athlete family. Communication is paramount. We were raised on High School Public track coaches so we help assist you we will not replace them.)

Summer Season 2010

June 15 – August 15 \$ 125.00 per month (siblings \$100.00)

Program Recommended for that want up close and personal track assistance in a smaller group setting to work on technique or athletes continuing to the next rounds for track meets. Field trips to view or compete in major later rounds for the championships (e.g., USATF, AAU, etc.) Nominal individual entry fees will also be required for Regional's and Nationals. Practice 3 days a week.

The fees include club uniform/warm-up, approximately 200 hours of coaching, participant meet fees and relay team entry fees. There is no cost for entry to the Hershey meets.

Payment Total \$ _____

Uniform size (Please box): **Singlet:** Youth: YS YM YL ADULT: S M L XL
(Website shows detailed sizing info.)

Gender (M / F) **Shorts:** Youth: YS YM YL ADULT: S M L XL

I will use my uniform from last Spring season

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Please indicate below in which areas you can assist the Club:

| | | | |
|---|--------------------------|-------------------|--------------------------|
| Assistant coach | <input type="checkbox"/> | Timer/starter | <input type="checkbox"/> |
| Team mom - communication & coordination | <input type="checkbox"/> | Social activities | <input type="checkbox"/> |
| Uniform administration | <input type="checkbox"/> | Fundraising | <input type="checkbox"/> |
| Publicity | <input type="checkbox"/> | | |

Any other information you want to provide regarding volunteering:

Medical Waiver Information:

I hereby grant permission for my child _____ to participate in all running and conditioning activities (e.g., drills, plyometric training, etc.) of the Virginia Special Forces Track Club Program. In the event of injury or illness, I hereby grant permission for Virginia Special Forces Track Club personnel to handle any medical emergencies legally in the case that all emergency contacts cannot be reached. Furthermore, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of this minor. I agree to assume all risks incidental to such participation, including transportation to and from all activities. I hereby waive, release, absolve, indemnify and agree to hold harmless Virginia Special Forces Track Club, its officials, sponsors, supervisors, board members and persons managing my child.

Parent/Guardian

Signature

Date

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