

Morris County Track Club



2012

MCTC

TRACK AND FIELD

WINTER REGISTRATION

PACKAGE

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Morris County Track Club

2012 INDOOR MEET SCHEDULE

- January 29th – USATF NJ Youth Indoor T&F Development @ The Bennett Center, Toms River, NJ
 - February 5th – AAU Running Development Academy - Meet 1 Jersey City Armory Jersey City NJ
 - February 11th – USATF Ultimate Track & Field Track Series, Ultimate Sports America, Oakland, NJ
 - February 19th – UAGTCA - 2012 Indoor Championship; Lehigh University Bethlehem, PA
 - February 26th – USATF Northeast Zone Youth Meet @ The Bennett Center, Toms River, NJ
 - March 4th – AAU Northeast Conference Indoor T& F Championship (AAU) Gordon Indoor Track Cambridge MA (@ Harvard U)
 - March 10th – USATF Ultimate Track & Field Track Series, Ultimate Sports America, Oakland, NJ
 - March 17th – USATF Armory Youth Championships @ The Armory New York, NY
 - March 18th – USATF-CT Youth Indoor Track & Field Meet (USATF Youth) Coxe Cage –
Yale University New Haven CT
 - March 24th – USATF Ultimate Track & Field Track Series, Ultimate Sports America, Oakland, NJ
- **Tentative competitions. Will be added to the schedule if feasible, but are shown for planning purposes.**

2012 INDOOR PRACTICE SCHEDULE

Mandatory Orientation on January 5th 6:30pm – 8:30pm

- Practice sessions starting January 10th from 4:00pm (SHARP) – 6:00pm
Parsippany PAL Building Gym #1 @ 33 Baldwin Road, Parsippany-Troy Hills, NJ 07054
At PAL the Practices are on Tuesday's, and Thursday's
21 practice sessions: 1/10, 1/12, 1/17, 1/26, 1/31,
2/2, 2/9, 2/14, 2/16, 2/21, 2/23, 2/28,
3/1, 3/6, 3/8, 3/13, 3/15, 3/20, 3/22, 3/27, 3/29
- Practice sessions at SCI from 6:30pm (SHARP) – 8:30pm
Sports Conditioning Institute (SCI). 12 Wright Way Oakland, NJ
At SCI the Practices are on most Friday's (see calendar for details)
10 practice sessions: @ S.C.I. on (1/19, 1/24, 2/3, 2/7, 2/17, 2/24, 3/2, 3/9, 3/16, 3/23)
Practice schedules may change, notification will be provided.

Morris County Track 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 Morris County Track Club \training and competition seasons. Furthermore, I acknowledge that said physician has certified that said athlete has been cleared to participate and compete 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 Morris County Track Club Summer Track Program. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against The Morris County Track Club, Inc. 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 MORRIS COUNTY TRACK CLUB OR FOR WHICH THE MORRIS COUNTY TRACK CLUB, IS A PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE MORRIS COUNTY TRACK 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: _____

Morris County Track Club

Parent/Guardian Profile

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 Morris County Track 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

Date: _____

Morris County Track Club

Athlete Profile

NAME: _____

BIRTH DATE: _____ AGE: _____

ADDRESS: _____

PARENTS/GUARDIANS'

NAMES: _____ & _____

SCHOOL: _____

GRADE: _____

PREVIOUS EXPERIENCE:

ASSOCIATIONS: AAU USATF

EVENTS CONTESTED: _____

NUMBER OF YEARS: _____

BEST TRACK EVENT: _____

LEAST FAVORITE EVENT: _____

AN EVENT YOU WOULD LOVE TO LEARN HOW TO DO: _____

WHAT DO YOU WANT THE COACHES TO KNOW ABOUT YOU

Morris County Track Club

2012 Registration Checklist

NAME: _____

ADDRESS: _____

CITY: _____ STATE: NEW JERSEY ZIP CODE: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

OCCUPATION: _____

ATHLETE(S) NAME(S): _____

As a parent of an athlete on our team, we request that one or both parents/guardians volunteer in an area of interest to them and with the hosting of meets. Please see the volunteer form to indicate how you will assist with meets that we host. The list below indicates ways that you will be able to assist the club at practices, meets and/or behind the scene:

- _ COACHING
- _ DIGITAL PHOTOGRAPHER (VIDEO/STILL)
- _ FUNDRAISING
- _ PUBLICATIONS (News Releases/Website/Newsletters)
- _ COMMUNITY OUTREACH
- _ DONATIONS
- _ SOCIAL COMMITTEE
- _ TRAVEL PLANNING
- _ TENT TRANSPORT
- _ TENT SET UP/BREAK DOWN
- _ GRANT WRITING
- _ DECORATING FOR EVENTS
- _ SPONSORSHIPS
- _ COOKING/CONCESSIONS
- _ OTHER _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR TALENTS/SKILLS/INTERESTS:

Morris County Track Club

2012 REGISTRATION CHECKLIST

PLEASE PRINT

PARTICIPANT/ATHLETE'S NAME: _____

Please check off the following items as completed. Return the registration forms and checklist to The Morris County Track Club.

The following forms are needed in order to complete your registration (check off as completed):

_2012 Registration Form (please complete all information)

_ Indoor Session Details:

- Cost: \$330.00
- Ages: 7 -18
- Length: 12 weeks
- (21 workouts @ 120 minutes each), (10 workouts @ 90 minutes each)
- 5 weeks @ 2 days per week, 7 weeks @ 3 days per week
- Ratio: Athlete to coach, 6 to 1
- Dates: See Calendar

Includes:

MCTC track uniforms (shorts, tank & rain suits)

Track Meet events fee

***Does not include running shoes, track spikes and travel expenses, which are required.**

Amount Included: \$ _____

_Parent/Legal Guardian Consent and release Form (signed by parent & participant)

_Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment (signed by parent)

_Authorization for Medical Treatment

_Birth Certificate (three copies) * No originals please!

_Athlete Profile (One for each registered athlete)

_Parent/Guardian Profile

_2012 Registration Checklist

***Birth certificate must be presented before participation in practice and/or competition**

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

Parent or Legal Guardian Signature: _____

Morris County Track Club

2012 MORRIS COUNTY TRACK CLUB REGISTRATION FORM

Athlete Last Name _____ **Athlete First Name** _____

Address _____

City _____ State: _____ Zip code: _____

Gender: Female ___ Male ___ Age on December 31, 2012: _____

USATF AGE DIVISIONS	
Age Division	Year of Birth
Sub Bantam	2004+*
Bantam	2002 - 2003
Midget	2000 - 2001
Youth	1998 - 1999
Intermediate	1996 - 1997
Young	1994 - 1995**

AAU AGE DIVISIONS	
Age Division	Yr of Birth
Primary/8-Under	2004 & After
Sub Bantam/9yrs	2003
Bantam/10 yrs	2002
Sub Midget/11 yrs	2001
Midget/12 yrs.	2000
Sub Youth/13 yrs.	1999
Youth/14 yrs.	1998
Intermediate 15-16	1996-97
Young 17-18	1994-95

Write your USATF Age Division: _____

Write your AAU Age Division: _____

USATF 2012 Membership #: _____

AAU 2012 Membership #: _____

Parent or Guardian Name: _____

Home Phone: _____ **Work Phone:** _____

Cellular Phone: _____ **Fax:** _____

Email: _____ **Email:** _____

Parent or Guardian Name: _____

Home Phone: _____ **Work Phone:** _____

Cellular Phone: _____ **Fax:** _____

Email: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Family Physician: _____ **Phone:** _____

I AGREE TO ABIDE BY THE RULES OF THE MORRIS COUNTY TRACK 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 child shall participate/host/put on, in whatever capacity for which I am qualified and/or needed.

Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.) _____

DATE _____

For more information contact Mr. Workman at 973-794-3774, www.mctrackclub.org, or aw@mctrackclub.org

Morris County Track Club

2012 Morris County Track Club Participant Waiver & Release Form

Athlete Last Name _____ **Athlete First Name** _____

Athlete Full Address _____

Parent or Guardian Last Name _____

Parent or Guardian First Name _____

Parent or Guardian Full Address _____

Parent or Guardian Phone Number _____

I voluntarily agree to participate in the 2012 Morris County Track Club activities, meets, practices and related travel and knowingly assume any and all risks of loss, damage to my person or property, injury (including death), both foreseen and unforeseen, related to my attendance at and participation in the Morris County Track Club program. From any cause whatsoever, including the fault or negligence of others I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and agree to hold harmless the Morris County Track Club, its Team Leadership, Organizers, Coaches, Volunteers and Sponsors and their respective officers, directors, employees, agents and volunteers from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the 2012 Morris County Track Club's program, activities, meets, practices and related travel.

Signature – **ATHLETE**

Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.)

DATE

Morris County Track Club

USE OF PHOTOGRAPH

By signing this Waiver, I grant Morris County Track Club a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics. In no event, however, will such usage constitute an endorsement of any product or service without my specific written consent.

Signature – **ATHLETE**

Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.)

DATE