



TRACK CITY TRACK CLUB

ATHLETE LAST NAME

FIRST NAME

MI

2009 XC ATHLETE APPLICATION

-Please Print-

Date of Birth: ___/___/___ Gender: ___

Street Address: _____

City: _____ State: _____ Zip: _____

Parent(s) First Name: _____

Parent(s) Last Name: _____

Home Phone: _____

Cell Phone: _____

Family Email: _____

Athlete Email: _____

Health Conditions: _____

Fee Information

Without USATF Membership \$85.00
 With USATF Membership \$65.00

Season Starts: Monday, September 7th.
 Practrice Site: Alton Baker Pk, Eugene
 Practice Time: 5:30 7:00 pm Monday-Thursday

Family discount Track & Field for more than one athlete in one family. First athlete is full price and for each additional athlete there is a 10% discount. Family discount does not apply to out of area or reduced season registratiuon.

Scholarship, please contact club phone or web site for scholarship form/information.

USATF Membership: By signing below, I, a prospective member of USA Track & Field, agree to abide by the applicable USATF Bylaw, Operating Regulations and Competition Rules for my level(s) and Category(s) of Membership.

Athlete Signature _____
ATHLETE PLEASE SIGN

Medical Information / Waiver: To whom it may concern: I, the parent/guardian of the above named applicant hereby authorize a club representative of Track City Track Club to seek and sign for medical treatment for my child, a member of said club, in an emergency situation. I also authorize that the same representative be allowed to sign for medical treatment in non emergency situations when my child is traveling with the club or when I am unable to be reached by phone. I also agree for myself, my Heirs and personal representatives to waiver and release all claims for damages I may now or hereafter have arising out of the above named person's participation in any activities of Track City Track Club. I further state that to my knowledge, applicant has no health problems or preexisting conditions, not previously mentioned that limit his/her training or activity level.

Athlete Photographs/Images: By signing below I understand and agree that Track City Corporation has my permission to take and use my child's photographs or digital images for official Club purposes.

Parent/Guardian
Signature _____
Date _____/_____/_____

PARENT, PLEASE SIGN & DATE

Enclosed Is:

- \$ _____ Without USATF Membership \$85.00
 With USATF Membersio\$65.00
- \$ 25.00 Uniform Purchase, (Necessary only for competing athletes)
 Youth:(S) (M) Adult:(S) (M) (Lg.) (XL)
- \$ _____ Additional Clothing: TCTC Sweat Shirt \$25.00, Sweat Pants-\$25.00, Club T-shirt \$12.00, Polo \$20.00. Specify item & size
- \$ _____ Donation, please specify fund (coaches travel, general, endowment, scholarship)
- \$ _____ Total

A copy of your athletes birth certificate or proof of age must accompany this application for USATF age verification.

If athlete was a member in 2007 proof of age will not be necessary

Mail With Fee to:
Track City Track Club
P.O. Box 932,
Eugene, OR 97440

Questions: 541-465-8887
 E-Mail: info@willamette.net
 Web site: www.trackcity.org