

**DCTFC – HIGH SCHOOL CONDITIONING – 2019/20 WINTER REGISTRATION**

**FAMILY & COMMUNICATIONS**

Parents/Guardians (First Last):

Email:

Phone:

Address/City/State/Zip:

Optional: Additional Parents/Guardians (First Last):

Email:

Phone:

**ATHLETES**

1 Athlete Name (First, Last):

M   F

Have you had a USATF # :   Y or   N

Birth date (M, D, Y):  
/   /

Grade

School:

2 Athlete Name (First, Last):

M   F

Have you had a USATF # :   Y or   N

Birth date (M, D, Y):  
/   /

Grade

School:

3 Athlete Name (First, Last):

M   F

Have you had a USATF # :   Y or   N

Birth date (M, D, Y):  
/   /

Grade

School:

**\$125 TOTAL - 7 WEEK TRAINING: DEC. 2 – JAN. 30, 2020**

**(NO CLUB: DEC. 23 – JAN. 6 DJUSD WINTER BREAK)**

**4 days/week: M, T, W, Th @ 4pm**

**Davis High School Brown Stadium, on Oak between 14<sup>th</sup> and Covell**

**Please indicate below:**

**T – Track (sprints, hurdles, relays)**

**D -- Distance (800m or more)**

**F – Field (throws, jumps, pole vault)**

*10% discount for siblings: 2nd athlete pays \$112.50   3rd athletes pays \$100  
(ask coaches about scholarship availability)*

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**GRAND TOTAL   \$**

**MAKE CHECKS PAYABLE TO: DCTFC**

**Mail TO: P.O. Box 2264   Davis, CA   95617**

Signature of parent/guardian:

Date:





**MEDICAL WAIVER FORM**  
Please complete one form for each registered athlete

Legal Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_ Fall Grade \_\_\_\_\_

Parents'/legal guardians' Names \_\_\_\_\_

Parents' Cells 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) Alternate adult: \_\_\_\_\_

Parent email \_\_\_\_\_

**Medical Information:**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Special Health Considerations: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (other than parent): Name \_\_\_\_\_ Phone \_\_\_\_\_

I authorize all medical and surgical treatment, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for my child to travel with the team for club related events. I release DCTFC and individuals from liability in case of accident during activities related to DCTFC, as long as normal safety procedures have been followed. I agree to allow DCTFC to register my child with USATF.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver:**  
I hereby give permission for my child listed above to participate in practices with the Davis Community Track and Field Club. I verify that my child has had a physical exam in the last year and is capable of participating in the activities of the club, including but not limited to running, hurdling, jumping, throwing and pole vaulting. I agreed to indemnify, hold harmless and defend the coaches of the Davis Community Track and Field Club from any and all liability for injury to my child, as well as any injury or damage caused by my child.

\_\_\_\_\_  
Parent/Guardian Signature and Date

