

DAVIS COMMUNITY TRACK & FIELD 2017 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 (in fall):

Circle T-shirt size: Youth: M L Adult: S M L XL

2 Athlete Name (First, Last):

M F

Have you had a USATF # : Y or N

Birth date (M, D, Y):
/ /

Grade (in fall):

Circle T-shirt size: Youth: M L Adult: S M L XL

3 Athlete Name (First, Last):

M F

Have you had a USATF # : Y or N

Birth date (M, D, Y):
/ /

Grade (in fall):

Circle T-shirt size: Youth: M L Adult: S M L XL

SIX 1-WEEK SESSION OPTIONS & PRICES: \$90/WEEK - \$240/3 WEEKS - \$440/6 WEEKS

Meet at Davis High School Brown Stadium, on Oak between 14th and Covell

10% discount for siblings per session: 2nd athlete pays \$81/session 3rd athlete pays \$72/session

Athlete 1: Circle weeks: 6/12 6/19 6/26 7/3 7/10 7/17 # Sessions ___@ \$ \$

Athlete 2: Circle weeks: 6/12 6/19 6/26 7/3 7/10 7/17 # Sessions ___@ \$ \$

Athlete 3: Circle weeks: 6/12 6/19 6/26 7/3 7/10 7/17 # Sessions ___@ \$ \$

3-day **non-refundable** trial option \$ 50 Circle athlete(s) 1 2 3 \$

DISTANCE TRAINING & PRICES

Meet at UC Davis Toomey Field by the ticket booth, near Russell and A

Monday, Wednesday & Friday @ 7:00 pm \$125 Circle athlete(s): 1 2 3 \$
Begins Monday, June 19 thru Aug 4

10% discount for siblings: 2 athletes for \$237.50 3 athletes for \$350

MAKE CHECKS PAYABLE TO: DCTFC
Mail TO: P.O. Box 2264 Davis, CA 95617 GRAND TOTAL \$

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 _____ Date _____