



Landon Athletics Club Registration Forms

Information:

- Please read and fill out all attached forms
- If you wish to compete as a Landon Athletics Athlete then you will need to fill out the **Team Landon Athletics Registration Form**

Pricing and Payment:

- Payment
 - Payment is due by the first practice of every month
- Pricing
 - One Practice
 - **\$15**
 - Monthly
 - **\$150**
 - Yearly
 - **\$1500**
- Credit Card, Check, Or Cash
 - Monthly payments due at the first practice of every month
 - Yearly is once a year at the first of that month (October 2018 - October 2019)
 - Using a credit card prices are higher due to credit card charges
 - Monthly: **\$155**
 - Yearly: **\$1550**
 - Checks can be made out to Landon Athletics

USATF

- We are now a USATF Club that requires each of our club members to become USATF Members
- We will be taking your name, address, phone number, gender, birth date, and email to get your USATF member number
- A USATF membership is required for anyone competing at nationals and other types of national meets.
- The USATF membership fee is \$20 per year
- **We will** be registering the athletes for their USATF membership

Athlete Wavier

In consideration of being allowed to participate in any way in the Landon Athletics Pole Vault Club and competition, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involved risk of injury which might result not only from their own actions, inactions or negligence, but actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
3. Release waive and covenant not to sue Landon Athletics, their respective administrators, directors, coaches and other employees of the organization, other participants, all of which are hereinafter referred to as "releasee" from any and all liability to each of the undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

Athlete's Name: _____

Athlete's Number: _____ May we text you: Yes or No

Address: _____

School: _____ Grade: _____

Email Address: _____

Age: _____ Birthday: _____

Gender: _____ Highest Competitive Height: _____

Father's Name: _____

Mother's Name: _____

I agree to follow the safety guidelines of the club and coaches and I understand that I will be removed from the club if I choose not to follow those safety guidelines.

I, the undersigner, have read the above wavier and release, understand that I have given up substantial rights by signing, and sign it voluntarily.

Athlete's Signature: _____

I, the parent of the undersigned, have also read the above wavier and realize, and understand that my athlete has give up substantial rights by signing

Parent's Signature: _____

Medical and Photograph Wavier

Part I: Medical Form

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the City Recreation Staff supervision or under supervision of a volunteer coach, when parents of guardians cannot be reached.

I hereby give consent for the following medical care providers and local hospital to be called:

Primary Parent or Guardian Name _____

Primary Phone Number _____

Secondary Parent or Guardian Name _____

Secondary Phone Number _____

Primary Doctor _____

Primary Doctor's Phone Number _____

Primary Dentist _____

Primary Dentist Phone Number _____

Any facts concerning the athlete's medical history, including allergies, medications being taken, and physical impairments. _____

The administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist. And the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Part II: Photograph Wavier

I give permission for myself, son, and/or daughter to be photographed/Videod and used in the promotion of www.landonathletics.com web site. I hereby transfer to Landon Athletics pole vault club all copyrights and other interests in the photographs. I also hereby grant royalty-free permission to use these photographs/videos and understand that this material may be used in various publications.

I give consent for all of the above statements:

Parent signature _____