



## PROGRAM YEAR 2019 REGISTRATION PACKAGE **FULL SEASON ATHLETE**

**Full Stride Track Club** is a **competitive track club** for Contra Costa and Solano County youth ages 5 to 18 years old. We are committed to providing our youth with a well-structured and fun environment where they are expected to work hard and feel good about themselves and their achievements.

Practice Sites:

**TBD**

**Riverview Middle School,  
205 Pacifica Avenue, Bay Point**

**Solano County**

**Contra Costa County**

For practice information, please go to our website [www.fullstridetrackclub.com](http://www.fullstridetrackclub.com).

REGISTRATION FEES \$175.00, which covers:

- USA/AAU Track and Field Membership card
- Practice and Meet Insurance
- Equipment Cost
- Track and Field Facility cost

UNIFORMS \$50 *must be order by February 5, 2019*

WARM UPS \$65.00

### COACHES INFORMATION

		<b>Solano</b>		
Courtney Horner	(707) 738-3852		Kime Nelson	(707) 398-7834

		<b>Contra Costa</b>		
Juliet Kelly	(925) 768-1053		Ken Simonton	(925) 628-9390
James Kelly	(925) 768-1054		Sarah Brooks	(415) 424-7453

**ALL FEES ARE NON-REFUNDABLE.**



Like Full Stride Track Club  
on Facebook!

### MAILING ADDRESS:

Full Stride Track Club  
311 Alta Vista Circle  
Pittsburg, CA 94565

Website Address: [www.fullstridetrackclub.com](http://www.fullstridetrackclub.com)



WWW.FULLSTRIDETRACKCLUB.COM

**FULL STRIDE TRACK CLUB**  
**2019 FULL SEASON REGISTRATION FORM**  
 Full Stride is a Member of USATF and AAU

**APPLICANT INFORMATION**

Name:		Returning Full Stride Athlete: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Birth:	Current Age:	Male / Female	
Current address:			
City:	State:	ZIP Code:	
School:	Grade:		

**UNIFORM SIZES**

TOP	Youth <b>S M L</b> Adult	Check#/Cash
SHORTS	Youth <b>S M L XL</b> Adult	Amount Paid

**PARENT INFORMATION**

Parent Name: (for applicants under 18 years of age)		
Home Phone:	E-mail:	Fax:
Work Phone:	Cell Phone:	

**EMERGENCY CONTACT**

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**SIGNATURES**

I certify the information provided on this form is correct to the best of my knowledge.

Athletic Waiver Release: In consideration of your acceptance of my registration, I hereby for myself and executors waive, release and forever discharge any and all claims for damages which I may have, or hereafter accrue, against Full Stride Track Club, and all other sponsors and sports facilities or their officials or agents, for any damages which may be suffered by me. I certify that I am in good health and that my level of health is such that I am prepared to practice.

Signature of applicant:	Date:
Signature of Parent or Guardian (for Children under 18 years of age)	Date:

**A copy of your Athletes birth certificate and Physical must be provided prior to February 15, 2019.**  
*If athlete was a prior member proof of age may not be necessary*



## PERMISSION TO TRAVEL

ATHLETE NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE'S OF ATHLETE(S) \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

### CONTACT IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### I GIVE MY PERMISSION FOR MY CHILD/CHILDREN:

(1) \_\_\_\_\_ (2) \_\_\_\_\_, (3) \_\_\_\_\_

TO TRAVEL OUT OF STATE WITH THE FULL STRIDE TRACK CLUB.

\_\_\_\_\_  
\* Parent Signature

\_\_\_\_\_  
Date

## PERMISSION TO USE CHILD'S LIKENESS

### I GIVE THE FULL STRIDE TRACK CLUB PERMISSION TO USE MY CHILD/CHILDREN :

(1) \_\_\_\_\_ (2) \_\_\_\_\_, (3) \_\_\_\_\_

Likeness, in the form of photos, the internet, and news and print media, to promote this team.

\_\_\_\_\_  
\* Parent Signature

\_\_\_\_\_  
Date



## RULES AND REGULATIONS

Each participant and parent will be required to follow all rules. NO EXCEPTIONS.

- ✓ No profanity will be tolerated.
- ✓ No fighting.
- ✓ No disrespect in any way towards the coaches or staff of the Full Stride Track Club will be allowed on or off the track.
- ✓ No parental interference while athletes are practicing.
- ✓ Stealing will not be permitted by anyone. Immediate action will take place if faced with this situation.
- ✓ All parents must participate in at least one (1) fundraiser per year regardless if they received a sponsor for their athlete or not.  
NO EXCEPTIONS
- ✓ Fundraisers are a **MUST**; this allows us to participate in meets in other cities and states, while keeping our fees affordable.
- ✓ Parents are required to complete a minimum of 4 hours per month, sign up with your coach.

Failure to abide by these rules and regulations is grounds for disciplinary actions.

**1st Offense:** Verbal Warning

**2nd Offense:** Suspension from team (Duration of suspension will be discussed with the Full Stride Track Club Administration).

**3rd Offense:** Expulsion from the team (Parents and athletes forfeit all funds)  
Full Stride Track Club Administration will determine specific disciplinary actions.

I, \_\_\_\_\_ (parent) and \_\_\_\_\_(athlete) have read the above rules and regulations and agree to follow them as a member of the Full Stride Track Club. We (Parent and Athlete) fully understand and agree with these terms.

Parent/Guardian Signature & Date: \_\_\_\_\_

Athlete's Signature & Date: \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_



By my signature I hereby give my consent for \_\_\_\_\_ to participate in practices, track meets, road races, travel and other activities sanctioned, sponsored, and/or attended by Full Stride Track Club (FSTC). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, and USA Track & Field (USATF) and Amateur Athletic Union (AAU) documents when entering my child in any sanctioned events.

Should I (or my child) decide to withdraw from participation with FSTC and its activities, I agree to notify the FSTC in writing, that I am withdrawing the above-named child and acknowledge that all **REGISTRATION FEES PAID ARE NON-REFUNDABLE.**

Further, in consideration of my child participating on FSTC, I hereby indemnify and hold harmless FSTC Board of Directors, Head Coach, Volunteer Coaches and Staff, Parent Liaisons, assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with my participation or travel to and from practices, track and cross country meets, road races or other activities sanctioned, sponsored and/or attended by the FSTC.

The signee below represents that the above-named child's Medical History including allergies, medications being taken and physical impairments that will in any way effect the child's participation have been brought to the attention of FSTC in writing on the Medical Acknowledgement/Waiver/Consent and Release form.

I understand my child will not be covered by Medical Insurance provided by FSTC and that I either have my own major Medical Insurance Policy or, if not; I will cover any and all the expenses of any injury.

By my signature I represent that by signing, I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exist between the child and myself. By my signature, also, I have read and agree to all the Full Stride Track Club RULES and REGULATIONS.

PARENT/LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_

ATHLETE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ ATHLETE'S BIRTH DATE: \_\_\_\_\_



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## 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 Full Stride Track Club training and competition seasons.

Furthermore, I acknowledge that said physician has certified that said athlete has been  
cleared to participate and complete 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 Full  
Stride Track Club. I, the undersigned, hereby waive and release any and all claims I  
may have against Full Stride Track Club, its officers, directors, employees, coaches,  
volunteers, and agents or its representatives from any and all civil and criminal liability  
due to injuries resulting from activities sponsored by Full Stride Track Club, or for which  
Full Stride Track Club, is a participant.

Moreover, I authorize the coaching staff or assigned chaperones of Full Stride Track  
Club to act as Spokesperson in granting permission for emergency  
Treatment/Hospitalization (including Anesthesia) in my absence, 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



## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of illness or accident, I \_\_\_\_\_, give my permission for the emergency medical treatment of my child, \_\_\_\_\_. My home number is (\_\_\_\_)\_\_\_\_\_ and my cell number is (\_\_\_\_)\_\_\_\_\_. If I cannot be reached contact (\_\_\_\_)\_\_\_\_\_, relationship \_\_\_\_\_.

I understand that I am responsible for all costs associated with the treatment of my child. Furthermore, I notify Full Stride 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: \_\_\_\_\_  
\_\_\_\_\_

My child has Asthma Yes\_\_\_ No\_\_\_ Treatment includes:

\_\_\_\_\_

Important notes related to emergency treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## FULL STRIDE TRACK CLUB ATHLETIC CONTRACT

I realize that it is a privilege to participate in athletic activities for Full Stride Track Club accordingly; I do agree to accept and live by the following athletic codes:

1. I will work daily, during the track season, to improve my skills and be an asset to my team.
2. I understand that my participation is a season-long commitment to myself, my team and my coaches.
3. I will conduct myself in such a manner as to bring respect to myself and my team, both at practice and when traveling to other meets. I understand that my behavior is a reflection upon myself, my team as well as the coaches.
4. I will try, as far as is humanly possible, to be at every practice and competition this season. I understand that if I miss practice unexcused three times during a season, I will be dismissed from the team. If, for some very important reason I cannot attend practice or a meet, I will contact my coach at the very latest by the morning before the practice or competition.
5. I will be at practice on time, unless other arrangements are made.
6. I will organize my time so that my academic responsibilities do not conflict with practices or track meets. I understand that my team commitment does not excuse me from maintaining academic excellence.
7. I will be personally be responsible for all team athletic equipment checked out to me and will return it in good condition on the day appointed or will pay for the replacement of the gear.
8. I understand that any unsportsmanlike conduct or other violation of this code may result in disciplinary action, not only by the coach, but also by any Full Stride Board member in the form of possible suspension or dismissal from the team.

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Athlete's Signature

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Parent/Guardian Signature