



2011

TRACK AND FIELD

REGISTRATION

PACKAGE

[www.gazelletrackclub.com](http://www.gazelletrackclub.com)  
[ncgazelle1@yahoo.com](mailto:ncgazelle1@yahoo.com)/[triciajenkins72@yahoo.com](mailto:triciajenkins72@yahoo.com)  
678-283-0511/404-668-4997



# 2011 REGISTRATION FORM

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Gender:  Female  Male Current Age: \_\_\_\_\_ Age on December 31, 2011 \_\_\_\_\_

<b>*USATF YOUTH AGE GROUP</b> Young Men/Women - born in 1991 or 1992; Intermediate - 1993 or 1994; Youth - 1995 or 1996; Midget - 1997 or 1998; Bantam - 1999 or 2000; Sub Bantam, 2001 or later	<b>**AAU YOUTH AGE GROUP</b> Young Men/Women - born in 1991 or 1992; ;Intermediate -1993 or 1994; Youth - 1995; Sub Youth - 1996; Midget - 1997; Sub- Midget - 1998; Bantam - 1999; Sub Bantam - 2000; Primary - 2001 or later
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\*2011 USATF Age Group: \_\_\_\_\_ \*\*2011 AAU Age Group: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**I AGREE TO ABIDE BY THE RULES OF THE GAZELLE TRACK CLUB. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE.** I understand that, with my child's membership, I assume the responsibility of assisting with the fundraisers and the competitions that the club shall host/put on, in whatever capacity for which I am qualified and/or needed.

\_\_\_\_\_ Dated this \_\_\_\_ day of \_\_\_\_\_, 201\_\_

*Signature of Parent or Legal Guardian*

For more info, contact The Gazelle Track Club at **678-283-0511 or 404-668-4997**, [www.gazelletrackclub.com](http://www.gazelletrackclub.com), or at [ncgazelle1@yahoo.com](mailto:ncgazelle1@yahoo.com)

<p align="center"><b><u>Club use only</u></b></p> <p>DOB Verified? ____Y ____N</p> <p>Date ____/____/____</p> <p>USATF# _____</p> <p>AAU# _____</p>
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**PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM**

**PLEASE PRINT**

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

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

Should I (or my child) decide to withdraw from participation with The GAZELLE Track Club and its activities, I agree to notify the GAZELLE 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 being accepted in the GAZELLE, I hereby indemnify and hold harmless The Gazelle Track Club, Board of Directors, Head Coach, GAZELLE Coaches, GAZELLE Staff, GAZELLE assigned Chaperones and 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 meets, road races or other activities sanctioned, sponsored and/or attended by the GAZELLE, CCYTL, GRPA, USATF and AAU.

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 The Gazelle Track Club in writing on the Medical Acknowledgement/Waiver/Consent and Release form of The Gazelle Track Club.

I understand my child will not be covered by insurance provided by The Gazelle Track Club and that I either have my own major Medical Insurance Policy or, if not; I will cover 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 RULES and GUIDELINES in the GAZELLE Parent/Athlete Information Booklet/Handbook.

**PARENT OR LEGAL GUARDIAN'S SIGNATURE** \_\_\_\_\_

**PARTICIPANT SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PARTICIPANT'S BIRTHDATE:** \_\_\_\_\_



**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 The Gazelle 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 The Gazelle & Field Running Program. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against The Gazelle Track Club, Inc. IT'S OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AND AGENTS OR ITS representatives FROM ANY AND ALL LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE GAZELLE TRACK CLUB, Inc. OR FOR WHICH THE GAZELLE TRACK CLUB, IS A PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE GAZELLE TRACK CLUB to act as Spokesperson in granting permission for emergency Treatment/Hospitalization (including Anesthesia), 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,

\_\_\_\_\_, if I cannot first be

contacted. My home number is (\_\_\_\_\_) \_\_\_\_\_ and my

cell number is (\_\_\_\_\_) \_\_\_\_\_. I

understand that I am responsible for all costs associated with the treatment of my child.

Futhermore, I notify The Gazelle 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: \_\_\_\_\_

\_\_\_\_\_.

Important notes related to emergency treatment: \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Parent/Guardian



**Photo/Media Release Form**

By signing below, I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ (minor child/athlete) understand and agree that The Gazelle Track Club has my permission to take and use my child's track and field/club photographs, digital images, and video images for official Club purposes such as, but not limited to media press releases and the club newsletter. Furthermore, I understand that by signing below I consent to the organization's right to publish photographs depicting the minor athlete/child named above engaged in field and track events of The Gazelle Track Club, whether as an active participant or as an observer, on the official The Gazelle Track Club Website found at the web address: <http://www.theGazelletrackclub.org>.

I have fully read and considered all of the terms and statements contained in this release before affixing my signature.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Parent or Legal Guardian Signature



# ATHLETE PROFILE

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

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

PARENTS/GUARDIANS' NAMES: \_\_\_\_\_ & \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

## PREVIOUS EXPERIENCE:

ASSOCIATIONS: CCYTL GRPA AAU USATF

EVENTS CONTESTED: \_\_\_\_\_

NUMBER OF YEARS: \_\_\_\_\_

BEST TRACK EVENT: \_\_\_\_\_ LEAST FAVORITE EVENT: \_\_\_\_\_

AN EVENT YOU WOULD LOVE TO LEARN HOW TO DO: \_\_\_\_\_

## WHAT DO YOU WANT PEOPLE TO KNOW ABOUT YOU

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# PARENT PROFILE FORM

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

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

CITY: \_\_\_\_\_ STATE: GEORGIA ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

ATHLETE(S) NAME(S): \_\_\_\_\_

As a parent of an athlete on our team, we request that one or both parents/guardians volunteer in an area of interest to them and with the hosting of meets. Please see the volunteer form to indicate how you will assist with meets that we host. The list below indicates ways that you will be able to assist the club at practices, meets and/or behind the scene:

- COACHING
- DIGITAL PHOTOGRAPHER (VIDEO/STILL)
- FUNDRAISING
- PUBLICATIONS (News Releases/Website/Newsletters)
- COMMUNITY OUTREACH
- DONATIONS
- SOCIAL COMMITTEE
- TRAVEL PLANNING
- TENT TRANSPORT
- TENT SET UP/BREAK DOWN
- GRANT WRITING
- DECORATING FOR EVENTS
- SPONSORSHIPS
- COOKING/CONCESSIONS
- OTHER \_\_\_\_\_

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR TALENTS/SKILLS/INTERESTS:

\_\_\_\_\_  
\_\_\_\_\_



## **2011 REGISTRATION CHECKLIST**

### **PLEASE PRINT**

PARTICIPANT/ATHLETE'S NAME: \_\_\_\_\_

**Please check off the following items as completed. Return the registration forms and checklist to The Gazelle Track Club.**

The following forms are needed in order to complete your registration:

- 2011 Registration Form (**please complete all information**)
- Registration Fee (\$400 per athlete without uniform, \$450 per athlete with uniform, 10% discount for other athletes living at the same address). Included: \_\_\_\_\_**
- Parent/Legal Guardian Consent and release Form (**signed by parent & participant**)
- Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment (**signed by parent**)
- Authorization for Medical Treatment
- Birth Certificate (**three copies**) \* *No originals please!*
- Photo/Media Release Form
- Athlete Profile (One for each registered athlete)
- Parent/Guardian Profile
- Calling Post Phone Tree Form
- 2011 Registration Checklist

\*Birth certificate must be presented before participation in practice and/or competition

***I have read and fully understand all of the information that has been presented to me.***

**Parent or Legal Guardian Signature: \_\_\_\_\_**



## **AMERICA'S ONE-TO-MANY MESSENGER**

In order to enhance communication, The Gazelle Track Club uses the Calling post to notify you of meet rescheduling and/or cancellations due to weather, to announce variable schedules and last minute practices, and sometimes to remind members about critical responsibilities and needs for a meet, practice or photo shoot.

Please complete the following form with the telephone number our coaches should call in an emergency--to notify you of meet delays, cancellations, etc. This number should be one to which you have access at varied times. For example, if you give us your home number, but come to practice directly from work, you might not get the message at home in time to save you a trip. If you leave your office number, but you travel from site to site and don't check in with your office every day, you might want to leave another number. Again, please give us the number where you might be reached in case of an emergency like a meet cancellation. Thanks.

**DO NOT CUT! RETURN THE ENTIRE FORM! DO NOT CUT! RETURN THE ENTIRE FORM! DO NOT CUT!**  
**WILL BE USED FOR URGENT COMMUNICATION PURPOSES.**

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# **THE GAZELLE TRACK CLUB Phone Tree Contact Request**

Parent/Guardian's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Carrier: \_\_\_\_\_

Name of Athlete(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# *TEXT MESSENGER*

In order to enhance communication, The Gazelle Track Club uses the Text messenger to notify you of meet rescheduling and/or cancellations due to weather, to announce variable schedules and last minute practices, and sometimes to remind members about critical responsibilities and needs for a meet, practice or photo shoot.

Please complete the following form with the telephone number our coaches should call in an emergency--to notify you of meet delays, cancellations, etc. This number should be one to which you have access at varied times. For example, if you give us your home number, but come to practice directly from work, you might not get the message at home in time to save you a trip. If you leave your office number, but you travel from site to site and don't check in with your office every day, you might want to leave another number. Again, please give us the number where you might be reached in case of an emergency like a meet cancellation. Thanks.

**DO NOT CUT! RETURN THE ENTIRE FORM! DO NOT CUT! RETURN THE ENTIRE FORM! DO NOT CUT!**  
**WILL BE USED FOR URGENT COMMUNICATION PURPOSES.**

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## **THE GAZELLE TRACK CLUB Text Messenger Contact Request**

Parent/Guardian's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

Name of Athlete(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_