

Earlham Flyers Track and Field Club

Purpose

Earlham track and field coaches and sport enthusiasts have created a track and field club in an attempt to provide each athlete the opportunity to reach their athletic potential in a team-oriented, fun and supportive environment. Earlham Flyers Track and Field Club is a club for boys and girls from 4th grade through 12th grade.

Practice: Practice is optional and will be held weekly on Sunday night at 6:00 (starting March 20 in the gym) and then twice a week on Wednesday and Sunday at 6:00 p.m. starting May 22. Being present will be beneficial to athletic performance.

Cost: There are two separate memberships:

*checks made payable to “Earlham Flyers Track and Field Club”

\$20/athlete (guaranteed club designed shirt for first year members or club designed shoe bag for 2nd year members and Flyers membership)

OR

\$60/athlete (guaranteed club designed shirt or bag, Flyers membership, USATF club membership, insurance, up to 3 events registration into the State USATF Jr. Olympic Meet on June 18-19)

Potential additional cost at athlete's responsibility: transportation to and from meets, entry fee \$5-10/developmental meet (club and USATF membership already taken care of), Regional and National meet entry fees

Potential Meet schedule (additional meets will be announced when we find out)

TBD - Urbandale - developmental meet

TBD - Waukee - developmental meet

TBD - North High School - developmental meet

June 18-19 - USATF State Jr. Olympics @ Iowa State, Ames, IA

July 7-10 USATF Regional Jr. Olympics @ Minnesota State, Mankato, MN (must qualify from State)

July 25-July 31 USATF National Jr. Olympics @ Sacramento, CA (must qualify from Regionals)

Contact Information

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Earlham Flyers Track and Field Club Informational Sheet

Demographic Information

Last Name _____ First Name _____ Date of Birth ____/____/____
Email _____ Home Phone # _____
Cell # _____ Athlete's Cell # _____
Street Address _____ City _____ State ____ Zip Code _____
Athlete T-Shirt Size (circle one) YM YL AS AM AL AXL AXXL

Medical Information

Family Physician _____ Physician Phone # _____ Hospital of Choice _____
Medications Athlete is Allergic to: _____

Other Allergies and Reactions (food/bee stings/latex, etc.) _____

Medical History that the Athletic Trainer should be aware of (surgeries, recent or chronic injuries, illnesses, physical limitations, absence of organs)

Does the athlete have a history of concussions? Yes/No How many? ____ When? _____
How severe? _____ Has the athlete ever "passed out", had his/her "bell rung"? Yes/No
Describe _____
Has the athlete ever experienced seizures of any type? Yes/No Describe _____

Current Medication (prescription or over the counter). Please state reason for taking.

Current Medication	Prescription/Over the Counter	Reason for Medication	Dosage

Medical Treatment Consent

To be completed by Parent or Guardian. I, _____, a parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Signature of Parent or Guardian

X _____ Date _____

Activity Release of Liability

In exchange for participation in the activity of athletic practice and/or competition organized by Earlham Flyers Track and Field Club and/or use of the property, facilities and services of Earlham Flyers Track and Field Club, I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by coaches of the Earlham Flyers Track and Field Club. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Earlham Flyers Track and Field Club for injury, loss, or damage arising out of my or my family's use of or presence upon the facilities of Earlham Flyers Track and Field Club, whether caused by the fault of myself, my family, Earlham Flyers Track and Field Club or other third parties. I agree to indemnify and defend Earlham Flyers Track and Field Club against all claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Earlham Flyers Track and Field Club. I agree to pay for all damages to the facilities of Earlham Flyers Track and Field Club caused by me or my family's negligent, reckless, or willful actions. I consent to the participation of my child(ren) _____, _____, _____, _____, in athletic practice and/or competition, and agree on behalf of the above minor to all of the terms and conditions of this agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of above named child(ren). In the event of an injury to the above minor during the above described activities, I give my permission to the Earlham Flyers Track and Field Club or to the employees, representatives or agents of Earlham Flyers Track and Field Club to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on May 26, 2014 and will remain in effect until terminated in writing by the undersigned or December 31, 2014, whichever occurs first. Earlham Track and Field Club shall have the following powers: a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital; b. The power to authorize medical treatment or medical procedures in an emergency situation; and c. the power to make appropriate decisions regarding clothing, bodily nourishment and shelter. Any legal or equitable claim that may arise from participation the the above shall be resolved under Iowa law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature of Parent or Guardian

Date: _____ Signature: _____

Print Name: _____

Additional T-Shirts: If family members would like to purchase additional t-shirts the cost will be \$10.00 per shirt. Please list sizes below and include the cost with the athlete \$20 registration fee.

* athlete t-shirt is included with club membership

_____ Youth M _____ Youth L

_____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL