



**2010
Season**

League Use Only: **IB IG** **YB YG** **MB MG** **BB BG** **GB GG**
 | 1994 - 1995 | 1996 - 1997 | 1998 - 1999 | 2000 - 2001 | 2002 - 2003 |

Name of Athlete (First & Last) _____ Birth Date _____ / _____ / _____ Gender _____
 (mm) (dd) (yy) (M/F)

Name of School _____ Grade _____ Years of Track Experience _____ Years with ORTC _____

1. Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____ e-mail _____

2. Name of Second Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____ e-mail _____

3. Emergency Contact _____ Phone: Home _____ Cell _____

4. Family Doctor: Name _____ Address _____ Phone _____

Medical Insurance Company _____ Policy # _____ Group ID _____

IMPORTANT As a condition of acceptance, the athlete and parent/guardian agrees to the following:

Parents or Guardians agrees to:

- 1) Abide by the rules of the Ojai Roadrunners Track Club (ORTC) and the Ventura County Youth Track Club (VCYTC)
- 2) Abide by the directions and decisions of the coaches and officials.
- 3) Provide timely transportation for the Athlete to and from all practices and meets without exception.
- 4) Support the team and the Athlete's efforts by volunteering at all home track meets.**
- 5) Set an example of sportsmanship and fair play at all times.
- 6) Conduct myself in a thoughtful, respectable, manner at all times and to refrain from all offensive language.
- 7) Recognizing the possibility of physical injury associated with track and in consideration for the ORTC accepting the Athlete for its program and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the ORTC and the VCYTC, its coaches, volunteers, and other agents, against any claim by or on behalf of the Athlete as a result of the Athlete's participation in the Programs.
- 8) I Hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry under the provisions of the Medical Practice Act or the Dental Practice Act, as appropriate. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the Athlete. I further understand that this authorization is given in advance of any specific diagnosis, treatment, or care. [All reasonable effort will be made to contact the parent/guardian and/or emergency contact in case of emergency]. This authorization is given pursuant to the provisions of Section 25 of the Civil Code of the State of California. This authorization shall remain in effect for one year from the date of signing.

Signature of Parent/Guardian *Print Name of Parent/Guardian* *Date*

The Athlete agrees to:

- 1) Treat all club and school equipment with care and respect.
- 2) Return any borrowed equipment or property (including the track jersey) within one week of the last meet.
- 3) Participate fully and support all team activities to the best of my ability in all practices and meets.
- 4) Maintain a "C" grade average or better in school with no "F" grades.

Signature of Athlete *Printed Name of Athlete* *Date*

Uniform Size	Youth S / M / L	Adult S / M / L
Refundable Volunteer Deposit (\$75.00 per family)	\$ _____	
Participation Fee (\$75.00 + \$65.00 additional child)	\$ _____	
Uniform Purchase (\$25.00 includes top and shorts)	\$ _____	
Additional Roadrunner items (see ORDER SHEET)	\$ _____	

League Use Only	
Date Recd:	_____
Birth Cert Copy:	_____ Yes _____ No
Paid in full	_____ Yes _____ No
Cash _____ or Check # _____	
Volunteer Deposit: Check # _____	
TOTAL PAID	\$ _____