

To: All Parents and Athletes

From: Alan Bingham President of the Santa Clarita Track Club, Inc. - Storm

On behalf of the SCTC board of directors, it is my pleasure to welcome you to the 2014 Cross Country Season.

The Santa Clarita Track Club is a nonprofit 501(c)3 tax exempt organization that promotes running sports for youth in the Santa Clarita Valley. Our Tax ID number is 77-0615715.

This is an all volunteer organization, your help, support, and cooperation is critical for this program to be a success. We require each parent/guardian to participate in helping to accomplish the various functions of this club i.e. coaching, timers, data entry, ribbons, tag pulling, officiating & judging events, help at practices, clothing sales, fundraising, meet setup and tear down, and assisting when we are visitors at other meets, transporting pop-up tents, first aid, I could go on and on! We want this program to continue to be the best it can for your children, and it is going to take all of us working together to make it so.

To help you understand more about the Santa Clarita Track Club's program and philosophy, we will provide you with a Parent Handbook. It contains information regarding our club's purpose, conduct during cross country meets and useful information concerning parent conduct and safety rules for training.

Hopefully, your questions will be answered by reading the handbook. Please contact any of the individuals listed below if you have any further questions or wish to review any of the points contained in this packet.

Alan Bingham 661-755-6197 President

Sincerely

Alan Bingham

President Santa Clarita Track Club, Inc.

IMPORANT DATES

Parent Meeting TBA Rio Norte Jr HS

First Practice TBA

(Practice days are Monday @ West Creek Park, Tuesday @ COC, and Thursday @ Central Park 6:00 pm and Saturday @ Central Park 8:00 am until meets start)*Subject to change

Lap-a-thon TBA Central Park

First Meet TBA

Team Awards Banquet November 6, 2014 6:00 pm SCV Sports Complex

We're still in the planning stages, this page will be updated when we know.



Santa Clarita Track Club – Storm Sign-up Packet – Cross Country 2014 Season

The packet contains the following forms:

- **1. Storm Registration Form** (Fill out and return 1 copy) (Please return even if you checked the box in the line below
- 2. Valley Youth Conference Contract form

(Fill out and return 1 copies)

When completing the top section, for the name of the Division, Please enter the two letter code from the following table:

Year of Birth Sports Division Code (Girl/Boy)

2006 – 2008 Gremlin **GG** or **GB** (**For Gremlin Girl or Gremlin Boy**)

2004 – 2005 Bantam **BG** or **BB**

2002 – 2003 Midget **MG** or **MB**

2000 – 2001 Youth **YG** or **YB**

1998 – 1999 Intermediate IG or IB

- 3. Code of Conduct Form (Fill out and return 1 copy)
- 4. Parents Medical Clearance and Permission to Participate Form (Fill out and return 1 copy)
- 5. Uniform Order Form (Fill out and return 1 copy)
- 6. Please attach a copy of the Child's Birth Certificate (County) or other proof of age document
- 7. Storm 2014 T&F athletes, we have your conference Paperwork. Check Here [] & Return this page & next page with your check to:

Mail to or drop off at:

Santa Clarita Track Club, Inc. C/O Alan Bingham 27900 Youngberry Dr Saugus, CA 91350-1756

Registration fees are as follows:

\$140.00 per athlete for the first 2 in the same household and \$80.00 per athlete after that. \$140.00, 2- \$280.00, 3- \$360.00, 4- \$440.00

Uniforms are \$35.00 additional for each uniform needed. Each athlete must compete in the complete uniform (Shirt & Shorts). 2013 & 2014 Track or XC athletes may wear their existing uniform if it still fits.

SANTA CLARITA TRACK CLUB, INC.

FOR SCTC USE ONLY

REGISTRATION FORM

SANTA	CLARITA	Division
☐ Cross Country ☐ Track & Field		Team Season Age Check List:
	CLUB	Contracts Complete
Players Name	Last	Copy of Birth Certificate Enclosed
Parents Occupation		Medical Release Waiver
Home Address		Code of Conduct
City Zip		
Home Phone Emergency Phone _		
E-Mail Address		Returned Check
Birth Date Age G		Policy
School	Grade	If a personal check offered in payment is returned without payment for any reason,
LIST NAMES AND AGES OF BROTHERS AND SISTERS I	N THIS PROGRAM	the SCTC imposes a \$25.00 charge for the returned check to recover the SCTC's processing and collection costs. This charge
1)3)		is based solely on statute, not contract. The SCTC may sue if payment is not received in 30 days.
2)4)		If any civil action results in a judgment against you that judgment may become a part of your permanent credit profile for
		up to seven years.
Ethnic Group (Please circle one): Black White Asian SPECIAL NOTES: VACATION, HEALTH, HOW DID YOU		C.
For SCTC Use Only		
Parents Will Assist This Program As:		
Amount Paid Cash Check#	Receipt # Amount	Due
Registered By	Date	
Oropped From Program (Give Reason)		
Date Dropped Refund Approved By	Refund Amount R	efund Date

PLAYER CONTRACT

VALLEY YOUTH CONFERENCE, INC. A YOUTH SPORTS ATHLETIC ASSOCIATION.

SPORT: Track & Field **Cross Country**

Player Season Application	n for 20S	Season. (Conference Member Organization
Age:	Boy	Girl	Name of Sport Division

http://www.valleyconference.org

PLEASE READ CAREFULLY

NOTE: Completion of this application DOES NOT guarantee applicant a position on a team. No applicant will be allowed to participate in any activity until this form has been completed in full and accepted by the above named member organization. Members organization acceptance is subject to final approval and certification by the sport. PLAYER AND PARENTS TAKE NOTE: All rules concerning certification, eligibility, playing rules, sport/conference procedures, and any dispute arising from these rules are procedures rests solely with the sport and/or conference. The final arbitration is the Valley Youth Conference, Inc. Executive Board. I agree to abide to all conference decisions.

r Completes and Signs	SECTION 1. APPLICAT'S STATEMENT (Applicant must I will faithfully keep and abide by the following rules and continuous in the state of the following rules and continuous in the state of t	arry them out to the best of my ability. e school year. The team. Ing field completely and will not interfere with the complete of the completely and will not or equipment and will not create any unsportmanlike gestures and I will refrain from using any foul language. If the organization until properly released, ssued to me in as good a condition as when recompleted.	at any time. ceived, except for normal v	
Player	Phone Cell Phone/Emergency #			nature

SECTION II. PARENTS/GUARDIANS ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT (PARENT/GUARDIAN SIGN BELOW) RELEASE: I/WE the parents/guardians of the above named applicant, hereby give my/our approval to his/her participation in all conference and member organizations activities during the specified season Signs I/WE assume all risks and hazards incidental to such participation including transportation to and from the activities and I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the conference, member organization, organizers, sponsors, supervisors, participants, and persons transporting the applicant to and from activities, form any claim arising out of an injury to the applicant. ATTEST: I/WE hereby acknowledge that the information provided in this application is factual and accurate, that I/WE understand that if applicant is accepted to member organization and is certified by the Conference the applicant must remain with the member organization until released, such release is subject to approval of the conference. I/WE have read the foregoing statement and understand them, and Guardian Completes and sign them voluntarily. MEDIA RELEASED: I/WE hereby give permission to the Valley Youth Conference to reproduce, adapt, and display in any and all media my child's name, and/or photographs, silhouettes, or other reproductions of my child's physical image. I further give permission to the Valley Youth Conference to reproduce, adapt, and display record of the sporting performance of my child that it may obtain as it pertains to the Valley Youth Conference Sport that he or she is participating in, on or about the above dates. I hereby release the Valley Youth Conference from any and all claims and liabilities that I or my child by reason of the publication in any media whatsoever (including publication in or by any news media), use, adaptation display or such use of my child's name and/or likeness. INSURANCE: I/WE hereby acknowledge and represent that I understand that the Conference, or member organizations upon approval of the Conference, maintains Group Accident Coverage for medical/hospital expenses, and that I have been advised and understand the limits and provisions of such coverage, including that such coverage may be considered as "secondary" coverage when there is any other valid and collectible overage provided by applicant's parents/guardians separate insurance specified below if known. I/WE understand that any claim for medical service which arises out of an injury from a Conference or member organization activity must be reported to the member organization Coach/Manager of applicant's assigned team within ten days of the date of injury. Other Insurance is specified below; if none specify "none" Carrie Policy Number arent/Legal MEDICAL TREATMENT AUTHORIZATION: In the event of injury or illness to the above named applicant, I/WE hereby grant authority to a qualified physician to render such medical treatment to the applicant as said physician deems necessary under the circumstances upon presentation of this consent form. I declare under penalty of perjury that I am a parent or guardian of: Name of Athlete

•	SignatureP	arent or Guardian	Date Name Parent or Guardian (print)
2525		W747001107 011 V	ALUNDED DI FLOT FILL III FOR ADMEDITION
SECT	ION III. MEMBER ORGAN	IZATION USE ONLY	CLUB REP PLEASE FILL IN FOR CONFERENCE MEDICAL EXAM – SPORT & DATE
		Assigned To	
Reg. A		On Roster	PREVIOUS VYCAA CERT
Paid b		Other	PREVIOUS CLUB:
/C FORI	M 001 (5/93) REV 10/2010	WHITE – Club Copy YELL	OW – Cerlification Copy PINK – Player Receipt



Player Name (Please Print)

Player's Signature

VALLEY YOUTH CONFERENCE, INC. Track & Field and Cross Country Division

CODE OF CONDUCT – NO FIGHTING CONTRACT

Our goals are to provide a recreational environment that is fun, healthy and competitive for all who wish to play. We believe this is the right of every player enrolled in our program. In addition we wish to protect these players from those who wish to violate their rights via mean spirited play, unsporting behavior and/or undue or malicious outside interference. It is the intent of the Valley Youth Conference, Inc. (VYC) and all Clubs to stop ANY and ALL violent conduct. All players, parents, coaches and helpers who are connected with each VYC Club must read and sign this document.

Any athlete receiving discipline by a coach or an official of the Valley Youth Conference for throwing a punch, participating in a fight or any type of violent conduct, or other type of inappropriate behavior, may be further suspended from play for the season. Any coach, parent or spectator receiving discipline, including, but not limited to being asked to leave, for violent conduct or other inappropriate behavior may be barred from attending any further meets and/or Valley Youth Conference event, including practices.

Should there be an incident of a fight or punches thrown involving athletes, coaches, participants or spectators at any Valley Youth Conference Sport activity, then a report of this incident must be made to the Commissioner of that Sport by the highest officials of the Club (s) in question within 24 hrs. of the incident. If the Commissioner of the Sport is unavailable to receive the report, then the General Manager is to be contacted next.

The use of alcohol and illegal drugs will not be tolerated. If a player, coach or spectator is found to be using, or under the influence of, such substances, that person will be barred from attending the game/event/meet in question and/or reported to the proper authorities. The use of tobacco will not be tolerated at any venue where games/events/meets are in progress. A person using tobacco at any game/event/meet of the Valley Conference will be barred from attending the game/event/meet in question and may receive further sanctions.

The Commissioner, and/or a committee formed by the Commissioner (which shall report to the Commissioner), will review reports of violent conduct, inappropriate behavior, alcohol, illegal drug, or tobacco use and similar incidents. In doing so, said person (s) may receive such input as such person (s) deem necessary. The Commissioner shall issue a ruling and final penalty/sanction, which may be lesser or more than those stated above. Once a ruling on the incident is issued, the Commissioner shall inform the Club representative of the actions against the parties involved and/or penalty or club sanctions. In the event that a person who has been suspended or barred from participation is found to have participated during such person's term of suspension or exclusion, then the Commissioner may issue further sanctions, including, but not limited to, Club suspension.

ANY ATHLETE, COACH or PARENT refusing to sign this document will not be able to participate in play.

Parent's Name (Please Print)

Parent Signature

PARENTS MEDICAL CLI	EARANCE AND PERMISSION TO PARTICIPATE
	FIELD AND CROSS COUNTRY strongly recommends that children have a medical check-up this CONFERENCE, the child's parent or guardian MUST fill out one of the statements below
	physically demanding sports that requires strenuous effort to participate. I am not aware of any isted below) that would limit his/her participation in the VALLEY YOUTH CONFERENCE
PLAYER	CLUB
My Child	has the following medical or physical conditions (s) that are of concern to me:
	CE Track & Field and Cross-Country has been obtained through the following medical ns) and approval to participate has been given by signature of Doctor indicated:
DR	DATED:
shall NOT recommend, promote or suggest any type of	Valley Youth Conference, its member organizations and representatives of these organization of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes. ements allowing me to participate in Valley Youth Conference, Inc.

Coach/Club Official's Name (Please Print)

Coach/Club Official's Signature



UNIFORM ORDER FORM

Name	Age Group
Telephone Number	

Please circle one

SHIRT SIZE (Purple/Gray/Black)			\$20.00		
YOUTH	Small (6-8)	Medium (10-12)	Large (14-16)	None Requested	
ADULT	Small	Medium	Large	X-Large XX-Large	

Please circle one

SHORT	SIZE	(Black)	\$15.00			
YOUTH	Small (6-8)	Medium (10-12)		Large (14-16)	None Requesto	ed
ADULT	Small	Mediu	ım	Large	X-Large XX-La	rge

Uniform Shirt: \$20.00 Uniform Short: \$15.00

New Policy: Uniform fees are no longer part of registration, but in an effort to lower prices will be purchased as needed by new and returning athletes.

All athletes must compete in the team uniform, however you may use last year's uniform if it still fits. New uniforms may be purchased at the merchandise table during practice if needed.