



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 2015 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	
Jeremy Stepan	Jeremy.Stepan@adageit.com		Director Cross Country

Sincerely

Alan Bingham

President Santa Clarita Track Club, Inc.

IMPORANT DATES

Parent Meeting	TBA	6:30 – 7:30 pm	Rio Norte Jr HS
First Practice	August 3, 2015	6:00 pm	West Creek Park

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

Lap-a-thon	TBA	Central Park
First Meet	September 12	El Cariso Park Sylmar
Team Awards Banquet	November 6, 2015 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 2015 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)

2007 – 2009 Gremlin **GG** or **GB** (For Gremlin Girl or Gremlin Boy)

2005 – 2006 Bantam **BG** or **BB**

2003 – 2004 Midget **MG** or **MB**

2001 – 2002 Youth **YG** or **YB**

1999 – 2000 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 2015 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:

\$150.00 per athlete for the first 2 in the same household and \$90.00 per athlete after that.

\$150.00, 2- \$300.00, 3- \$390.00, 4- \$480.00

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.

REGISTRATION FORM

FOR SCTC USE ONLY

Cross Country

Track & Field



Division _____

Team _____

Season Age _____

Check List:

Contracts Complete

Copy of Birth Certificate Enclosed

Medical Release Waiver

Code of Conduct

Players Name _____
First Middle Last

Parents Full Name _____

Parents Occupation _____

Home Address _____

City _____ Zip _____

Home Phone _____ Emergency Phone _____

E-Mail Address _____

Birth Date _____ Age _____ Gender _____

School _____ Grade _____

LIST NAMES AND AGES OF BROTHERS AND SISTERS IN THIS PROGRAM

1) _____ 3) _____

2) _____ 4) _____

Ethnic Group (Please circle one) : Black White Asian Latino Other

SPECIAL NOTES: VACATION, HEALTH, HOW DID YOU FOUND OUT ABOUT US, ETC.

For SCTC Use Only

Parents Will Assist This Program As: _____

Amount Paid _____ Cash _____ Check# _____ Receipt # _____ Amount Due _____

Registered By _____ Date _____

Dropped From Program (Give Reason) _____

Date Dropped _____ Refund Approved By _____ Refund Amount _____ Refund Date _____

Returned Check Policy

If a personal check offered in payment is returned without payment for any reason, the SCTC imposes a \$25.00 charge for the returned check to recover the SCTC's processing and collection costs. This charge is based solely on statute, not contract. The SCTC may sue if payment is not received in 30 days.

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.



PLAYER CONTRACT

VALLEY YOUTH CONFERENCE, INC A YOUTH SPORTS ATHLETIC ASSOCIATION.

SPORT : Track & Field Cross Country

Player Season Application for 20__ 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.

SECTION 1. APPLICANT'S STATEMENT (Applicant must complete and sign this section)

I will faithfully keep and abide by the following rules and carry them out to the best of my ability.

1. I will maintain at least a "C" average throughout the school year.
2. I will play any position assigned and do my best for the team.
3. When my team is not playing I will stay off the playing field completely and will not interfere with those playing
4. I solemnly pledge that I will not in any way damage, or deface any property, building or equipment.
5. I agree to abide by all decisions of game officials and will not create any unsportmanlike gestures at any time.
6. I promise that I will be a lady/gentleman at all times and I will refrain from using any foul language.
7. I agree that I will remain a member of the team and the organization until properly released.
8. I agree to return the uniform and other equipment issued to me in as good a condition as when received, except for normal wear and tear.

Players Name _____ Date of Birth _____ Age _____ Date Signed _____
(Print in Full)

Players Address _____ City & Zip _____

Phone _____ Email _____ Signature _____

Cell Phone/Emergency # _____ Contact: _____

Player Completes and Signs

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 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, from 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 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 coverage 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"

Carrier _____ Policy Number _____ Employer _____

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

Signature _____ Date _____
Parent or Guardian Name Parent or Guardian (print)

Parent/Legal Guardian Completes and Signs

SECTION III. MEMBER ORGANIZATION USE ONLY

Org. Fee _____ Assigned To _____
Reg. Amt _____ On Roster _____
Bal. Due _____
Paid by Check Cash Other _____

CLUB REP PLEASE FILL IN FOR CONFERENCE
MEDICAL EXAM - SPORT & DATE _____

PREVIOUS VYCAA CERT _____
PREVIOUS CLUB: _____



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.

PARENTS MEDICAL CLEARANCE AND PERMISSION TO PARTICIPATE

VALLEY YOUTH CONFERENCE TRACK AND FIELD AND CROSS COUNTRY strongly recommends that children have a medical check-up by a physician prior to participating. To participate in this CONFERENCE, the child's parent or guardian **MUST** fill out one of the statements below and sign at the bottom.

I am aware that Track & Field and Cross Country are physically demanding sports that requires strenuous effort to participate. I am not aware of any medical or physical condition (s) of my child (name listed below) that would limit his/her participation in the **VALLEY YOUTH CONFERENCE Track and Field and Cross-Country** programs.

PLAYER _____

CLUB _____

My Child _____ has the following medical or physical conditions (s) that are of concern to me:

Clearance to play **VALLEY YOUTH CONFERENCE Track & Field and Cross-Country** has been obtained through the following medical channels (including tests, examinations and evaluations) and approval to participate has been given by signature of Doctor indicated:

DR. _____ **DATED:** _____

Performance Enhancing Substances - The Valley Youth Conference, its member organizations and representatives of these organization shall NOT recommend, promote or suggest any type of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes. I have read, understood and agree to the above requirements allowing me to participate in Valley Youth Conference, Inc.

 Player Name (Please Print)

 Parent's Name (Please Print)

 Coach/Club Official's Name (Please Print)

 Player's Signature

 Parent Signature

 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 Requested	
ADULT	Small	Medium	Large	X-Large	XX-Large

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.