



Santa Clarita Track Club – Storm Sign-up Packet – Track and Field

The packet contains the following forms:

1. **Storm Players Application Form** (Fill out and return 1 copy)
2. **Valley Youth Conference Players Contract form** (Fill out and return both copies)
When completing the top section, for Conference Member Organization, write in **SCTC** and for the name of the Sports Division, Please enter the two letter code from the following table:

Year of Birth Sports Division Code (Girl/Boy)

2001 – 2003 Gremlin **GG** or **GB** (For Gremlin Girl or Gremlin Boy)

1999 – 2000 Bantam **BG** or **BB**

1997 – 1998 Midget **MG** or **MB**

1995 – 1996 Youth **YG** or **YB**

1993 – 1994 Intermediate **IG** or **IB**

3. **Medical Release form** (Fill out and return 1 copy)
4. **Code of Conduct form** (Fill out and return 1 copy)
5. **Uniform Order Form / ~~Physical Form~~** (Physical Form Removed)
(~~Cut in half~~, Fill out and return Uniform Order Form, ~~take physical form to your doctor, then return~~) Physicals are suggested, but not required by the Santa Clarita Track Club, Inc
6. **Please attach a copy of the Child's Birth Certificate (County) or other proof of age document**

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 \$70.00 per athlete after that.

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) _____

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.

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 _____

PLAYER CONTRACT

Valley Youth Conference, Inc.; A Youth Sport Athletic Association



Sport (check one):

- Football
 Cheerleading
 Track and Field
 Cross Country
 Basketball

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. Member 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 and 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 I. 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 unsportsmanlike 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: Street _____ City & Zip _____

Phone _____ Email _____ Signature _____

Player Completes and Signs

SECTION II. PARENTS/GUARDIANS ACKNOWLEDGMENT, AUTHORIZATIONS AND CONSENT *(Parent/Guardian and 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 organization 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 or 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 subject to approval of the Conference. I/WE have read the foregoing statements, 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 performances 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 date(s), 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 of such uses of my child's name and/or likeness.

INSURANCE: I hereby acknowledge and represent that I understand that the Conference, or member organization upon approval of the Conference, maintains Group Accident Coverage for medical/hospital expenses, and that I have been advised and understand the limits and provision 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 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 AUTHORIZATIONS: In the event of injury or illness to the above named applicant, I/WE hereby grant authority to 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 IV. 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 VC/YAA Cert _____
Previous Club. _____

List Sport ex: Tr for Track, FB for Football, etc.

PLAYER CONTRACT

Valley Youth Conference, Inc.; A Youth Sport Athletic Association



Sport (check one):

- Football Cheerleading Track and Field Cross Country Basketball

Player Season Application for 20____ Season. Conference Member Organization _____

Age: _____ Boy Girl Name of Sport Division _____

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SECTION I. 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 unsportsmanlike 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: Street _____ City & Zip _____

Phone _____ Email _____ Signature _____

Player Completes and Signs

SECTION II. PARENTS/GUARDIANS ACKNOWLEDGMENT, AUTHORIZATIONS AND CONSENT *(Parent/Guardian and 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 organization 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 or 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 subject to approval of the Conference. I/WE have read the foregoing statements, understand them, and sign them voluntarily.

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INSURANCE: I hereby acknowledge and represent that I understand that the Conference, or member organization upon approval of the Conference, maintains Group Accident Coverage for medical/hospital expenses, and that I have been advised and understand the limits and provision 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 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."

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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 IV. 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 VC/YAA Cert _____
Previous Club. _____

List Sport ex: Tr for Track, FB for Football, etc.



Valley Youth Conference, Inc. Track and Field

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 hours 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.

I have read, understood and agree to the above requirements allowing me to participate in Valley Youth Conference, Inc.

Player Name (Please Print)

Player Signature

Parent Name (Please Print)

Parent Signature

Alan Biggum
Coach/Club Official Name (Please Print)

Alan E BjL
Coach/Club Official Signature



VALLEY YOUTH CONFERENCE

Track and Field and Cross Country Division

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 and 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 Santa Clarita Track Club

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

Clearance to play VALLEY YOUTH CONFERENCE TRACK AND 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. _____

Date _____

Performance Enhancing Substances – The Valley Youth Conference, its member organizations and representatives of these organizations shall NOT recommend, promote or suggest any type of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____
-----cut or fold here-----



UNIFORM ORDER FORM

Name _____ Age Group _____

Telephone Number _____

Please circle one

SHIRT SIZE (Gray/White)

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)

YOUTH Small (6-8) Medium (10-12) Large (14-16) None Requested

ADULT Small Medium Large X-Large XX-Large

STORM

PARENT PARTICIPATION FORM

The Santa Clarita Track Club, Inc. is comprised completely of volunteers. No one in the club is paid. In an effort to maintain a quality sports program for your children and ours, we are asking **EVERY** parent to participate and help in our sports program. There are many opportunities where your help is needed and welcomed. Below is a list of areas where we are in need of your assistance. You will be trained, don't worry. Please check the areas in which you are able to help and turn in this form with your child's registration packet. Please feel free to check more than one. Thank you!

ONGOING (2 to 3X/ week during practices)

- Coach's Assistant:** Assist age group coach at practice 2 to 3x/week and at meets. Take over practice if the age group coach is absent.
- Age-Group Parent:** Similar to team parent duties. Make sure athletes report to staging when their age group is called, make sure all athletes have their tags on and are wearing the appropriate uniforms at the meets, coordinate supervision of athletes to the restrooms at practice and meets.
- Staff Photographers:** Take digital photos of the athletes practicing and at meets, For end of year Memory DVD

MEETS (On weekends)

- Timing & Data Crew:** Assist with data entry of athletes' times into the computer as they finish their races (2-3x during the season).
- Finish Line Crew:** Two to three times during the season when we host, we will need a few people in charge of working the finish line and putting the tags in order.
- Award Ribbons Crew:** Label award ribbons with athletes' names, meet name, and race time.
- Track/Zone Monitors:** Monitor various points on the track to help direct athletes, to act as zone judges, and to monitor for injured athletes.
- Field Events:** We need several parents throughout the meet day to help at each field event such as high jump, shot put, and long jump.
- Tag Table:** Parents are needed to help check in our athletes and distribute their race tags first thing in the morning of the race day.
- Merchandise Table:** Parents are needed to help set up the table and sell club merchandise.
- Set-up/ Clean-up:** Assist with setting up and taking down tables and shade canopies. (Very Important, We need you).
- Water Jug:** On the meets that we are hosting, we need someone to bring the water jug with ice water and cups.

OTHER SPECIFIC JOBS NEEDING A COORDINATOR

- Volunteer Coordinator:** Simply put, you are willing to assist the club when called upon. (Easy general tasks).
- Lap-a-Thon Coordinator:** There will be a lap-a-thon for our athletes. We will need someone to coordinate this one time event.
- Uniform Distribution Coordinator:** This is a one-time job. Help is needed in allocating and keeping track of the uniforms for the athletes.
- Team Party Coordinator:** We need someone to plan and coordinate our end of the season team party.

ATHLETE'S NAME: _____ PARENT'S NAME: _____

Telephone No. _____ E-Mail: _____