



2011
TRACK AND FIELD
REGISTRATION
PACKAGE

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2011 TENTATIVE SCHEDULE

- June 18 – NJ International Meet, Holmdel, 4pm
- June 20 – All Comers Series Meet 1, Holmdel HS, 5:30
- June 30-July 3 – AAU National Qualifier, Neptune HS, Neptune, NJ
- **July 16-18 – United Age Group Invitational, Widener Univ
- July 30-August 6 – AAU Junior Olympic Games, Norfolk, VA

**Tentative competitions. Will be added to the schedule if feasible, but are shown for planning purposes.



2011 REGISTRATION FORM

Athlete's Name: _____ Date of Birth: ____/____/____
Street Address: _____
City: _____ State: _____ Zip: _____ - _____
Gender: Female Male Current Age: ____ Age on December 31, 2011 _____

2011 AAU YOUTH AGE GROUPS

Young Men/Women - born in 1991 or 1992; Intermediate - 1993 or 1994;
Youth - 1995; Sub Youth - 1996; Midget - 1997; Sub-Midget - 1998;
Bantam - 1999; Sub Bantam - 2000; Primary - 2001 or later

Please write your 2011 AAU Age Group: _____

Parent/Guardian's Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax: _____
E-mail: _____
Parent/Guardian's Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax: _____
E-mail: _____
Emergency Contact: _____ Phone: _____
Family Physician: _____ Phone: _____

I AGREE TO ABIDE BY THE RULES OF THE VIPER TRACK CLUB. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE. I understand that, with my child's membership, I assume the responsibility of assisting with the fundraisers and the competitions that the club shall host/put on, in whatever capacity for which I am qualified and/or needed.

_____ Dated this ____ day of _____, 200__

Signature of Parent or Legal Guardian

For more info, contact Coach Bell at 732-768-6469, www.viperc.com, or mbell@holmdelschools.org

Club use only

DOB Verified? ____ Y ____ N

Date ____/____/____

USATF# _____

AAU# _____



PARENT/LEGAL GUARDIAN CONSENT & RELEASE FORM

PLEASE PRINT

I am the parent/legal guardian of _____.

By my signature I hereby give my consent for the above named child to participate in practices, track meets, road races, travel and other activities sanctioned, sponsored, and/or attended by The Viper Track Club (HTC). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, USA Track & Field (USATF) and AAU (Amateur Athletic Union) documents when entering my child in any sanctioned events.

Should I (or my child) decide to withdraw from participation with The Viper Track Club and its activities, I agree to notify them in writing, that I am withdrawing the above named child and acknowledge that all REGISTRATION FEES PAID ARE NON-REFUNDABLE.

Further, in consideration of my child being accepted in the CLUB, I hereby indemnify and hold harmless The Viper Track Club, Board of Directors, Head Coach, Coaches, Staff, and assigned Chaperones against any and all rights and claims which I have or which may arise in conjunction with my participation or travel to and from practices, track meets, road races or other activities sanctioned, sponsored and/or attended by the Viper Track Club, USATF, and AAU.

The signee below represents that the above named child's Medical History including allergies, medications being taken and physical impairments that will in any way effect the child's participation have been brought to the attention of The Viper Track Club in writing on the Medical Acknowledgement/Waiver/Consent and Release form of The Viper Track Club.

I understand my child will not be covered by insurance provided by The Viper Track Club and that I either have my own major Medical Insurance Policy or, if not; I will cover the expenses of any injury. Athlete will be covered by practice, travel, & competition insurance as part of his or her membership in AAU (amateur athletics union).

By my signature I represent that by signing, I am the person that I purport to be and in the case of parent or legal guardian that such a relationship exist between the child and myself. By my signature, also, I have read and agree to all RULES and GUIDELINES in the HTC Parent/Athlete Information Booklet/Handbook.

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____

PARTICIPANT SIGNATURE _____

DATE: _____ **PARTICIPANT'S BIRTHDATE:** _____



Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment

I (parent/legal guardian) _____ acknowledge that a physician has examined _____, registered athlete, within one (1) year of participation in The Viper Track Club \training and competition seasons. Furthermore, I acknowledge that said physician has certified that said athlete has been cleared to participate and complete in the various athletic activities related to track and field participation, contests, and competitions. Furthermore, I do hereby give my consent for the above athlete to participate in The Viper Track Club & Field Running Program. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against The Viper Track Club, Inc. IT'S OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AND AGENTS OR ITS representatives FROM ANY AND ALL LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE VIPER TRACK CLUB OR FOR WHICH THE VIPER TRACK CLUB, IS A PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE VIPER TRACK CLUB to act as Spokesperson in granting permission for emergency Treatment/Hospitalization (including Anesthesia), if necessary for the aforementioned athlete and to make any decisions concerning the health, welfare and safety including medical treatment of this athlete during my absence. I understand that should a Health Emergency arise, I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE: _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In Case of illness or accident, I, _____,
give my permission for the emergency medical treatment of my child,
_____, if I cannot first
be contacted. My home number is (_____) _____ and my
cell number is (_____) _____. I
understand that I am responsible for all costs associated with the treatment
of my child. Furthermore, I notify The Viper Track Club that my child has
the following health concerns, problems, and/or issues: _____

_____.

He/She is taking the following medications: _____
_____.

He/She is allergic to the following medications: _____
_____.

Important notes related to emergency treatment: _____

Signature of Parent/Guardian



ATHLETE PROFILE

NAME: _____ BIRTH DATE: _____ AGE: _____

ADDRESS: _____

PARENTS/GUARDIANS' NAMES: _____ & _____

SCHOOL: _____ GRADE: _____

PREVIOUS EXPERIENCE:

ASSOCIATIONS: AAU USATF

EVENTS CONTESTED: _____

NUMBER OF YEARS: _____

BEST TRACK EVENT: _____ LEAST FAVORITE EVENT: _____

AN EVENT YOU WOULD LOVE TO LEARN HOW TO DO: _____

WHAT DO YOU WANT THE COACHES TO KNOW ABOUT YOU



PARENT PROFILE FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: NEW JERSEY ZIP CODE: _____

HOME PHONE: _____ CELL: _____

E-MAIL: _____

OCCUPATION: _____

ATHLETE(S) NAME(S): _____

As a parent of an athlete on our team, we request that one or both parents/guardians volunteer in an area of interest to them and with the hosting of meets. Please see the volunteer form to indicate how you will assist with meets that we host. The list below indicates ways that you will be able to assist the club at practices, meets and/or behind the scene:

- COACHING
- DIGITAL PHOTOGRAPHER (VIDEO/STILL)
- FUNDRAISING
- PUBLICATIONS (News Releases/Website/Newsletters)
- COMMUNITY OUTREACH
- DONATIONS
- SOCIAL COMMITTEE
- TRAVEL PLANNING
- TENT TRANSPORT
- TENT SET UP/BREAK DOWN
- GRANT WRITING
- DECORATING FOR EVENTS
- SPONSORSHIPS
- COOKING/CONCESSIONS
- OTHER _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR TALENTS/SKILLS/INTERESTS:



2011 SPRING REGISTRATION CHECKLIST

PLEASE PRINT

PARTICIPANT/ATHLETE'S NAME: _____

Please check off the following items as completed. Return the registration forms and checklist to The Viper Track Club.

The following forms are needed in order to complete your registration (check off as completed):

- 2011 Registration Form (please complete all information)
- Registration Fee** (once per year) - **\$100 per athlete (\$50 if you already have a uniform).**
Season Fees (please circle): Spring - \$250, Winter - \$200, Fall - \$175
Amount Included: \$_____ (checks payable to Viper TC or pay online at Vipertc.com)
- Parent/Legal Guardian Consent and release Form (signed by parent & participant)
- Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment (signed by parent)
- Authorization for Medical Treatment
- Birth Certificate (three copies) * *No originals please!*
- Athlete Profile (One for each registered athlete)
- Parent/Guardian Profile
- 2011 Registration Checklist

***Birth certificate must be presented before participation in practice and/or competition**

I have read and fully understand all of the information that has been presented to me.

Parent or Legal Guardian Signature: _____