

# Indiana Storm Track Club

## Athlete Registration Form

Athlete Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please circle the appropriate size:**

**T-Shirt:** YouthXS YouthSm YouthMed YouthLg AdultSm AdultMed AdultLg AdultXL Adult2XL

**Uniform:** YSm YMed YLg WomenSm WomenMed WomenLg WomenXL MenSm MenMed MenLg MenXL Men2XL

### Health Insurance Information

Health Insurance Provider: \_\_\_\_\_

Group Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

### Parent/Guardian Information

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**By signing below, I, a prospective member of the Indiana Storm Track Club, agree to abide by the rules of the Storm, USTAF Bylaws, Operating Regulations, and competition rules for my level and category of membership.**

X \_\_\_\_\_

Signature of Parent or Guardian, if athlete is under age 18

\_\_\_\_\_

Date

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Please circle the event(s) you would like to participate in:**

100M 200M 400M 800M 1500M 3000M 5000M Race/Walk High Jump Discus Long Jump  
Shot Put Javelin Hurdles 4x100 4x400 4x800 Other: \_\_\_\_\_

## Indiana Storm Acknowledgement & Release

The Indiana Storm Track Club, subsidiaries, affiliates, officers, directors, agents, parents, employees, and volunteer staff members will not be held liable for any personal injuries (physical or mental), personal losses, theft, death, accidents and/or any other mishaps while traveling and/or participating in any and all activities sponsored by this track club. Furthermore, they will be held harmless from any claims or demands, including attorney's fees made by your or any third party due to, or arising from, your participation with this track club.

I do hereby release and agree to the terms of the above statements.

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Print Athlete Name

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Athlete Signature (if older than 18)

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Date

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Print Parent/Guardian Name

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Parent/Guardian Signature

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Date

## Indiana Storm Code of Conduct

All Indiana Storm staff are committed to providing athletes a positive environment that will enhance their skills and ability in track and field. Therefore, the purpose of establishing this code of conduct is to promote learning in an orderly and efficient system where the responsibilities are shared by the staff, parent(s)/guardian(s) and athlete.

### Parent(s), Guardian(s) Responsibilities:

- To work with coaching staff and event coordinators to enforce appropriate athlete behavior
- To demonstrate respect for the rights, feelings and decisions of the coaching staff, athletes and event officials
- To confer with the coaching staff concerning your child's progress and/or development
- To encourage regular participation in practices and established events.

### Athlete Responsibilities:

- To regularly attend practices and established events
- To understand the established code of conduct and adhere to the expectations
- To demonstrate respect for the rights, feelings and decisions of the coaching staff, athletes and event officials
- To do your personal best
- To be on time

### The following behaviors will not be tolerated:

- a) Disruptive behavior
- b) Failure to follow directions (insubordination)
- c) Inappropriate language (written words, gestures, or speaking)
- d) Disregard for other's property (vandalism, theft, etc.)

The recommended consequences\* for the above violation(s) shall be:

	<b>1<sup>st</sup> Offense</b>	<b>2<sup>nd</sup> Offense</b>	<b>3<sup>rd</sup> Offense</b>
<b>Local Meet</b>	Warning discussion w/Athlete and documentation in file	Athlete and Parent or Guardian conference; documentation in file	Athlete suspension
<b>Out of State Meet</b>	Warning discussion w/Athlete and Parent; documentation in file	Athlete is sent home at Parent/Guardian expense; documentation in file	Athlete suspension

\* The Indiana Storm Staff reserves the right to determine the appropriate level of corrective action based on the severity of the violation.

Your signature below confirms you have read, understood, and agree to comply with the expectations established above.

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Parent/Guardian Signature

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Date

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Athlete Signature

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Date

**Indiana Storm Track Club**  
**Consent and Release Form for**  
**Photographing and Videotaping**

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I hereby consent to be photographed and videotaped, and/or have my personal likeness recorded through other visual means (collectively, referred to as "Personal Images"), and authorize Indiana Storm Track Club and/or its affiliates (collectively, "Indiana Storm") to use, release, publish, exhibit, post on the Internet, in CD-ROMs or any other medium any of my Personal Images, as described below and understand and acknowledge by signing this consent form the following:

- By signing this form, I hereby give permission to Indiana Storm to use my Personal Images in whatever medium deemed appropriate by Indiana Storm for any of the following purposes: (i) public relations; (ii) advertising; and (iii) marketing activities. Indiana Storm will not use the Personal Images for any other purposes.
- I understand that my Personal Images may be seen and used by Indiana Storm throughout the world, and hereby give consent to such worldwide use for the purposes stated in this consent form.
- I understand that my consent is voluntary, that I am not required to sign this consent and that I may in fact refuse to sign it, thereby prohibiting Indiana Storm from obtaining or using any Personal Images of me.
- I understand that certain forms of my Personal Images may include my name, personal e-mail, postal address, telephone or fax numbers, and also give consent to their use by Indiana Storm. I also understand that the inclusion of my Personal Images in whatever medium deemed appropriate by Indiana Storm may reveal sensitive health information about me, including health conditions.
- I have the right to revoke my consent at any time, which revocation must be in writing and submitted to **Indiana Storm Track Club, c/o Valerie Vinson, 6326 Kentstone Drive, Indianapolis, IN 46268.**
- I release and discharge Indiana Storm, its officers, agents, and each and all persons involved in creating my Personal Images from any liability connected with the taking, recording, filming or photographs, slides, computer images, videotapes or voice recordings.
- I waive all rights I may have to claims for payment or royalties in connection with any exhibition, televising, Internet posting, or other publication of my Personal Images, irrespective of whether a fee for its use is charged by any third party.

I declare that I am eighteen (18) years old or older and am legally competent to execute this Consent and Release Form under the laws of my country or that I have acquired the written

consent of my parent or legal guardian. I understand that the terms herein are contractual and not a mere recital, and that this Consent and Release Form is legally binding on me.

I have read and fully informed myself of the contents of this Consent and Release Form before signing it. I have had an opportunity to ask questions about the use of my Personal Images, understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form.

**Name of Individual:** \_\_\_\_\_  
**Signature of Individual:** \_\_\_\_\_  
**Address of Individual:** \_\_\_\_\_  
**Phone of Individual:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**If Individual is under 18, the parent or legal guardian must sign.**

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form, (ii) I have the legal authority to represent the above named minor (iii) I have read and understand this Consent and Release Form and (iv) I have had an opportunity to ask questions about the use of the above named minor's Personal Images, understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form on behalf of the above named minor.

**Spelling of Parent/Guardian Name:** \_\_\_\_\_  
**Signature of Parent/Guardian:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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## Indiana Storm Parent Information Packet

*Information included on these pages the general rules and standards the athletes are expected to follow while representing the Indiana Storm Track Club. Please contact the Team Administrator if there are any questions or concerns.*

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