

USATF Membership Application and Waiver for Rochelle Area Track Club

for athletes, coaches and volunteers Recommended by Illinois USATF

					<input type="radio"/> renew <input type="radio"/> new
<small>Last Name</small>	<small>First Name</small>	<small>M/F</small>	<small>Birth Date (attach birth cert.)</small>	<small>Age</small>	<small>Membership</small>
		Youth S M L Adult S M L XL 2XL 3XL			
<small>athletes's email</small>	<small>parent's email</small>	<small>Circle your t-shirt size (not the team uniform)</small>			

<small>Primary Parent / Guardian Information</small>				<small>Secondary Parent / Guardian Information</small>			
<small>Last Name</small>		<small>First Name</small>		<small>Last Name</small>		<small>First Name</small>	
<small>Address</small>	<small>City</small>	<small>St</small>	<small>Zip</small>	<small>Address</small>	<small>City</small>	<small>St</small>	<small>Zip</small>
<small>Phone 1</small>		<small>Phone 2</small>		<small>Phone 1</small>		<small>Phone 2</small>	

<small>Doctor and Emergency Information</small>	
<small>Doctor:</small>	<small>Phone:</small>
<small>Allergies:</small>	
<small>Medication or health concerns:</small>	

<small>Emergency Contact Name (if Parent is unreachable):</small>	<small>Emergency Contact Phone#:</small>

I know that competing and volunteering to work in club events are potentially hazardous activities. I know I should not enter or participate in club events or volunteer to assist with club activities unless I am medically able and properly prepared. I agree to abide by any decision of a club or race official relative to my ability to safely complete any event or to assist at any club activity. I assume all risks being associated with competing or volunteering to work in club events and activities including, but not limited to falls, collisions, physical contact with other competitors or spectators, the effects of the weather. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself, my heirs, and anyone acting on my behalf, waive and release USATF Illinois, Rochelle Area Track Club and all officials, volunteers and all sponsors their representative and successors from all claims or liabilities of any kind arising out of my participation in these club competitions or activities, even though that liability may arise out of negligence or carelessness on the part of the persons or organizations named in this waiver. I also grant permission to all of the foregoing to use any photographs, motion pictures, video or sound recordings, or any other record of the events or activities of the Rochelle Area Track Club, including those involving me, for any legitimate purpose. Further, I grant permission for emergency medical treatment for myself and/or for any minors for whom I am authorized to act by competent medical personnel. I also agree to abide by the applicable USATF Bylaws, Operating Regulations and Competition Rules for my level(s)

Signature:

As legal parent / legal guardian of _____, I agree to above waiver and certify the information is complete and correct. Parent or guardian signature required for participants under 18.

Signature _____ . Date: _____

Please check all appropriate sports codes here: Track Field Road Running/LDR Cross Country

Membership Category Codes

Please Circle the codes below – you may indicate one or more categories.

AT: Athlete PA: Parent DA: Disabled Athlete OF: Official CH: Coach OA: Official – Association FN: Fan

IMPORTANT INFORMATION: Memberships are on a calendar year basis, and expire on December 31. However, if you join between November 1 and December 31 of the current year, the membership will be valid for the following year as well. Youth members: New or lapsed memberships must submit a copy of birth certificate or other ID.

- Adult Membership (19 yrs & over) \$ 60.00 (1yr)
- Youth Membership (18 yrs & under) \$ 50.00 (1yr)
- Uniform Rental Fee (will be refunded when uniform is returned) \$30
- One Adult worker fee for Rochelle Track Meet per family (will be refunded with one adult helping) \$40

Total Amount Due: _____ Make Checks Payable to RATC