

Summer 2017 Crown Point Track Practice

sponsored by



Registration Packet

June 8 - June 30, 2017

July 11 - August 3, 2017

Tuesdays and Thursdays - 6:00pm-7:30pm

Crown Point High School Outdoor Track

1500 S. Main Street

Crown Point, IN 46307

website: www.CPTrackClub.com

email: mail@cptrackclub.com



Summer 2017 Registration Form

The Crown Point Track Club (CPTC) provides coaching and training for all track and field events. CPTC seeks to promote the sport of track and field, to develop athletes' skills and to encourage physical fitness and a healthy lifestyle. More importantly, CPTC promotes the value of sportsmanship, teamwork, personal goal setting and hard work.

We will be hosting track summer practices in a variety of track and field events at Crown Point High School. Coaches from around the area will be on hand to give direction for athletes at a higher level of competition. Students entering grades 6 through 12 in any Crown Point Community School are eligible. The sessions will be on Tuesdays and Thursdays June 8-30 and July 11-August 3; 6:00-7:30 pm. Please fill out the form below before June 5th to be enrolled.

PLEASE PRINT

Name: Last _____ First _____ Middle _____ Date of Birth _____

School Name _____ Grade _____ Gender: Male Female Age _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Name _____ E-mail Address _____ Emergency Phone _____

Emergency Contact _____ Phone _____

Family Physician _____ Phone _____

Health Insurance Carrier _____ Policy Number _____

I hereby give written permission for my child to attend Crown Point Track Club (CPTC) Practices. All risk attendant to participating in practice including but not limited to bodily injury, are assumed by me, the child's parent or legal guardian, as indicated by my signature hereto. In case of an emergency, I hereby give my permission to the physician selected by the club director to undertake appropriate medical steps toward the welfare of my child. I also authorize CPTC to use photos, and or other likenesses of myself and or my child or the child for whom I have legal guardianship for any promotional materials regarding CPTC programs, facilities, or services. Such likenesses will not be sold to other parties.

Parent/Guardian Signature: _____ Date: _____

Session(s) to be held at Crown Point High School Outdoor Track:

- Session One \$75 June 8-June 30 (**Tues and Thurs**) 6:00pm - 7:30pm
- Session Two \$75 July 11-August 3 (**Tues and Thurs**) 6:00pm - 7:30pm
- Both Sessions \$125

Make checks payable to: Crown Point Track Club
Uniforms and other items will be an additional charge and only necessary
if your athlete will be participating in any of our scheduled meets this season.
More information will be available later in the year.



Parent/Legal Guardian Consent and 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 Crown Point Track Club (CPTC). 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 athlete) decide to withdraw from participation with The Crown Point Track Club and its activities, I agree to notify the CPTC 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 CPTC, I hereby indemnify and hold harmless The Crown Point Track Club, Board of Directors, CPTC Head Coach, CPTC Coaches, CPTC Staff, CPTC assigned Chaperones 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 CPTC, 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 affect the child's participation have been brought to the attention of The Crown Point Track Club in writing on the Medical Acknowledgement/Waiver/Consent and Release form of The Crown Point Track Club.

I understand my child will not be covered by insurance provided by The Crown Point Track Club or Crown Point School System, and that I either have my own major Medical Insurance Policy or, if not, I will cover the expenses of any injury.

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.

Parent/Guardian Signature: _____ Date: _____



Medical Waiver and Consent Release For Emergency Treatment

PLEASE PRINT

I (parent/legal guardian) _____
acknowledge that a physician has examined _____,
registered athlete, within one (1) year of participation in The Crown Point 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 Crown Point Track & Field Program. I THE UNDERSIGNED HEREBY
WAIVE AND RELEASE any and all claims I may have against The Crown Point Track Club, Inc. ITS
OFFICERS, DIRECTORS, EMPLOYEES, COACHES, AND AGENTS OR ITS representatives FROM ANY
AND ALL LIABILITY DUE TO PERSONAL INJURY RESULTING FROM ACTIVITIES SPONSORED BY THE
CROWN POINT TRACK CLUB, Inc. OR FOR WHICH THE CROWN POINT TRACK CLUB, IS A
PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE CROWN
POINT 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/Guardian Signature: _____ Date: _____



Authorization For Emergency Medical Treatment

PLEASE PRINT

In case of illness or accident, I, _____ ,
give my permission for the emergency medical treatment of _____,
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 any treatment.

Furthermore, I notify The Crown Point 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: _____

Parent/Guardian Signature: _____ Date: _____



Student-Athlete Code of Conduct

The Crown Point Track Club takes very seriously the conduct and behavior of its student-athletes, both in and out of season. It is indeed a privilege to be an athlete in a visible capacity, both within and outside of the community. Team members should recognize that all of their interactions with outside constituencies reflect not only on themselves, but also on their team. Subsequently, participants are held to the highest standards of conduct throughout their athletic pursuits. The following principles should be followed by student-athletes throughout their participation:

1. Student-athletes should aspire towards excellence in all areas of their educational experience. This requires hard work, dedication, and a winning attitude. The Crown Point Track Club supports our educational mission by placing the importance of academics before athletic competition.
2. Student-athletes should exemplify sportsmanship and engage in fair, honest and safe competition at all times. As a representative of the club, participants are expected to present themselves in a respectful manner toward their opponents, officials, and supporters from other institutions when traveling to competitions.
3. Participants will abide by all rules that have been established and are enforced by the USATF, AAU, the Crown Point Track Club, and guidelines established by their respective coaches.
4. Participants are expected to respect property belonging to the club and should demonstrate appropriate use of any facilities and resources.
5. In the spirit of Crown Point Track Club, athletes are encouraged to support the efforts and accomplishments of other teammates.
6. A student-athlete who violates any local, state or federal law is subject to potential suspension and/or dismissal from the team.
7. Crown Point Track Club is committed to providing a safe sports environment that protects the health and wellbeing of its student-athlete community. Any CPTC student-athlete who witnesses behavior by fellow athletes that threatens this environment is strongly encouraged to immediately notify a coach or board member. Hazing, sexual harassment and drug and alcohol abuse are among the behaviors that pose such threats.

Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Calling Tree Messaging System

In order to enhance communication, The Crown Point Track Club uses a text system to notify you of meet/practice rescheduling and/or cancellations due to weather, to announce variable schedules and last minute practices, and sometimes to remind members about critical responsibilities and needs for a meet, practice or photo shoot.

SIGN UP TO STAY INFORMED

We will send out text messages for practice information and weather alerts.

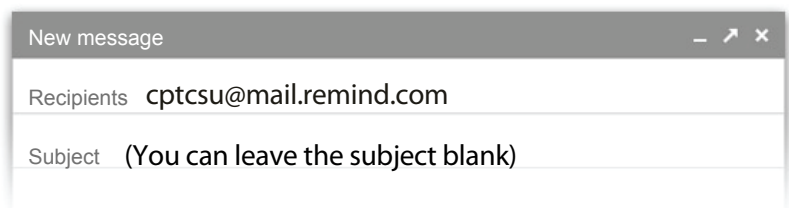
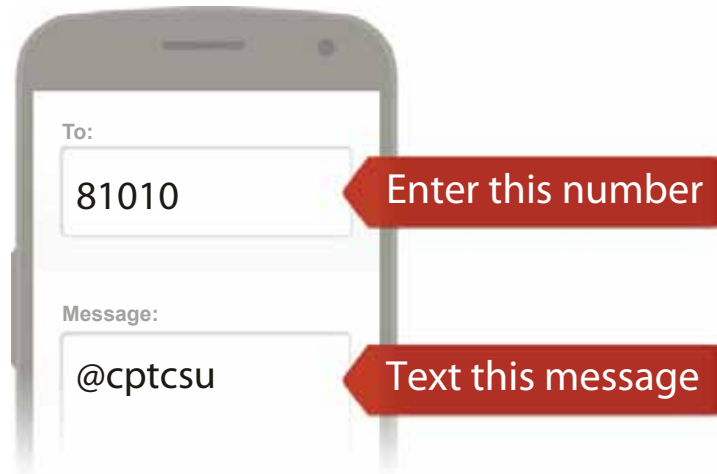
To receive messages via text, text **@cptcsu** to **81010**. You can opt-out of messages at anytime by replying, 'unsubscribe@cptcsu'.

Trouble using 81010? Try texting **@cptcwsu** to **(219) 227-6812** instead.

*Standard text message rates apply.

Or to receive messages via email, send an email to **cptcsu@mail.remind.com**

To unsubscribe, reply with 'unsubscribe' in the subject line.





2017 Summer Registration Checklist

PLEASE PRINT

PARTICIPANT/ATHLETE'S NAME: _____

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

The following forms are needed in order to complete your registration:

- 2017 Registration Form (please complete all information)
- Registration Fee - **(check box on form)** payable to Crown Point Track Club
- Parent/Legal Guardian Consent and Release Form
- Medical Waiver and Consent Release for Emergency Treatment
- Authorization for Medical Treatment
- Copy of Birth Certificate* - Only needed if competing in a meet (no originals, please)

*Copy of birth certificate must be presented before participation in meet competition...NO exceptions!

- Student-Athlete Code of Conduct **(signed by parent & participant)**
- Calling Tree Messaging Form - yours to keep for your review
- 2017 Registration Checklist

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

Parent/Guardian Signature: _____ Date: _____

Complete and return entire packet (before June 5th) to:

Crown Point Track Club

PO Box 115

Crown Point, IN 46308