



Spring/Summer 2020

TRACK AND FIELD REGISTRATION PACKAGE

website: <https://www.werunthebeach.com>
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2019 REGISTRATION FORM

PLEASE PRINT

Athlete's Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Gender: ☐ Female ☐ Male Current Age: _____ Age on December 31, 2019 _____

Parent's/Guardian's Name(s): _____

Home Phone: _____ Other Phone (specify): _____

Cell : _____ Cell : _____

Cell : _____ Cell : _____

E-mail: _____ E-mail: _____

mail: _____ Emergency

Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

*2019 USATF Age Group: _____ **2019 AAU Age Group: _____

Previous experience: AAU USATF Events Contested: _____

I AGREE TO ABIDE BY THE RULES OF CUCO ATHLETIC ASSOCIATION. I UNDERSTAND THAT ALL FEES ARE NON-REFUNDABLE. I understand that with my child's membership, I assume responsibility of assisting with fundraisers and team activities

Signature of Parent or Legal Guardian Dated this ____ day of _____, 20 ____



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 CUCO Athletic Association (CUCO). I authorize the Head Coach, Coaches or Staff members to sign the standard athlete's release forms, for USA Track & Field(USATF) and AAU (Amateur Athletic Union) documents when entering my child in sanctioned events.

Should I (or my child) decide to withdraw from participation with CUCO Track Club and its activities, I agree to notify C.U.C.O 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 Cuco , I hereby indemnify and hold harmless The Cuco Track Club, Board of Directors,CUCO Head Coach, CUCO Coaches,CUCO Staff, CUCO 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 Cuco Track Club, AAU and/or USATF

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 Cuco track club in writing on the Medical Acknowledgement/Waiver/Consent and Release form of TheCuco Track Club.

I understand my child will not be covered by insurance provided by The Cuco Track Club 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. By my signature, also, I have read and agree to all RULES and GUIDELINES in the CUCO Athlete/Parent Code of Conduct.

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

____CUCO 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 'CUCO Track & Field Program. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against ' Cuco 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 CUCO TRACK CLUB, Inc. OR FOR WHICH THE CUCOTRACK CLUB, IS A PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE CUCOTRACK 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 Cuco 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:



Photo/Media Release Form

By signing below, I, _____, parent or legal guardian of _____ (minor child/athlete)

understand and agree that TheCuco Track Club has my permission to take and use my child's track and field/club photographs, digital images, and video images for official Club purposes such as, but not limited to media press releases and the club newsletter. Furthermore, I understand that by signing below I consent to the organization's right to publish photographs depicting the minor athlete/child named above engaged in field and track events of The Cuco Track Club, whether as an active participant or as an observer, on the official TheCuco Track Club Website found at the web address: <https://www.werunthebeach.com>

I have fully read and considered all of the terms and statements contained in this release before affixing my signature.

EXECUTED this ____ day of _____, 20 ____.

Parent or Legal Guardian Signature



2020 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 Heat Track Club.

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

- ☐ 2019 Registration Form (please complete all information)
- ☐ **Registration Fee- 100\$ Registration includes AAU Registration, training fee and Cuco Track Club t-shirt. Registration does NOT include UNIFORM and Meet Fees, Uniform options are between \$50(Required running uniform)-\$175(Running Uniform, Warm-Up,Back Pack and t-shirt).**
- ☐ 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 – 3 copies* *No originals please!*
*Birth certificate must be presented before participation in competition...NO exceptions!!!!
- ☐ Volunteer Sign Up Form
- ☐ Photo/Media Release Form

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

Parent or Legal Guardian Signature: _____