

**Los Angeles Falcons Track & Field Team
2019 Registration Checklist**

Please review the following checklist when turning in your paperwork and fees. All items on the list must be included before your child can be registered

- _____ Player Contract **signed/dated by Athlete and Parent**
- _____ Parents Medical Clearance and Permission to Participate Form
 - a. If the athlete **has a medical condition** (i.e., asthma), you will **need a doctor's signed/dated release in second box.**
 - b. If athlete has **NO medical condition, please write NONE** in the second box; sign/date the form and return.
- _____ Los Angeles Falcons Information Form (please include email address, Uniform/Warm-up size for athlete, gender, print clearly).
- _____ Release of Liability Form- Parental Consent for LA Falcons website pictures
- _____ Code of Conduct – No Fighting Contract
- _____ Volunteer Sign-Up List. Please note Participation Requirement shown on Los Angeles Falcons Information Form.
- _____ Proof of Age (**COPY ONLY** – example: birth certificate)

Registration/Warm-up Fees: Check payable to LOS ANGELES FALCONS

Per Athlete Cost

- _____ New Athlete/ Returning Athlete (needs Warm-up) \$210 (\$155 plus \$55 warm-up)
- _____ Returning Athlete (Reuse last year's Warm-up) \$155
- _____ Second athlete (same family), needs Warm-up \$200 (\$145 plus \$55 warm-up)
- _____ Second athlete (same family), (Reuse Warm-up) \$145
- _____ Third Athlete (same family), needs Warm-up \$190 (\$135 plus \$55 warm-up)
- _____ Third Athlete (same family), (Reuse Warm-up) \$135

_____ **Total Amount Remitted**

If for any reason you are unable to register in full at this time, please contact us using the "Contact" link at the top of our website (<http://www.falconstrack.com/contact> or Coach Carlos)

Note: The final date for registration is **March 2, 2019 (no exceptions)**

Send your completed paperwork along with payment to:





**Los Angeles Falcons Track & Field
P. O. Box 8363
La Crescenta, CA 91224-0363**

(Note: For Credit Card Payment by Mail, please use the form on the next page)

Credit Card Information

The Los Angeles Falcons Track & Field Team is happy to accept your credit/debit card for your membership. Please note there is a 2.75 % service fee if we swipe your card in person. You may also provide the below information by mail, however the service fee will increase to 3.5% + 15 ¢.

Please provide all of the information below:

Card Type (circle one)	   	Card #	Exp Date:	CCV #:
Name on Card:				
Billing Address:		City:		Zip:
Home Phone:	Work/Cell Phone:		e-mail:	

Parent Signature: _____ **Date:** _____

Athletes Name: _____

Quantity	Team Products & Merchandise	Comments	Date	Subtotal Amount
	Athlete Registration			\$
	Team Photo Additions			\$
	Baja Fresh Certificates			\$
	Team T-shirt			\$
	Team Donation			\$
	Team Merchandise			\$
				Total Price with CC charges \$

Los Angeles Falcons Information Form

Select Uniform size: Top_____ **Short**_____ **Or Not Needed**_____

(Available Uniform Sizes: YS, YM, YL, AS, AM, AL, AXL)

Select Warm-up size: Jacket_____ **Pant**_____ **Or Not Needed**_____

(Available Warm-up Sizes: YXS, YS, YM, YL, AS, AM, AL, AXL)

Please print clearly:

Please indicate if cell number being included (circle cell)

☐ Male ☐ Female Athlete's Name to Appear on Awards: _____

Athlete's Name: _____

Address: _____

Phone: _____

Mother's Name: _____

Address: (if different) _____

Phone: (work or cell) _____

Father's Name: _____

Address: (if different) _____

Phone: (work or cell) _____

Athlete's Age: _____ Date of Birth: _____

Athlete's School _____ Grade: _____

Comments – Any Information about the athlete you would like the coaches to know:

Did your child run post season track with another club? _____

Primary Email address: _____

Secondary Email address: _____

_____ Yes, I would like future information sent to me about L.A. Falcons.

Participation & Payment Requirement – The success of our program depends on everyone's participation. You must sign your name on one support function from the main list or you will not be able to sign up child. ***Any check returned by the bank will incur a \$20.00 fee.***

Signature/Date of Parent or Guardian

----- office use only -----

Name on Check: _____ Check # _____ Check Amount \$ _____

LA Falcons Track & Field

Team Parent Volunteer Contract



Welcome to the Los Angeles Falcons Track & Field Team. This amazing club is only able to exist because of the contributions of many volunteers. We are a volunteer run organization; every activity on and off the field is done by parent-volunteers. We hope that you will find volunteering as fun and rewarding as your child finds track. By signing up today you are joining a unique organization of parents and youth committed to friendly competition and service!

Our team needs you to commit to volunteer at both home and away meets. Usually, this involves a 2 hour shift at 3 separate home meets and anywhere from 30-90 minutes at each away meet. Don't worry, no experience is necessary and we have jobs for everyone! This Contract is just the first step. More information can be found on our website <http://www.falconstrack.com> and in-person at the parent meetings. If you are unsure of how you can best serve the team, please speak to the volunteer coordinator today!

PARENT NAME: _____

CHILD NAME: _____ Birth Date: _____

CHILD NAME: _____ Birth Date: _____

Preferred PHONE: _____ E-MAIL: _____

Please indicate Track Meet volunteer activities that interest you the most. There will be morning and afternoon shifts.

- ☐ CONCESSIONS
- ☐ FINISH LINE/TAG PULLER
- ☐ HURDLE CREW (6:30 AM @ Home Meets)
- ☐ ANNOUNCING
- ☐ ATHLETE TAG DISTRIBUTION (7:30 AM HOME AND AWAY MEETS)
- ☐ ATHLETE STAGING
- ☐ FIELD EVENT DUTY (Long Jump, High Jump or Shot Put)
- ☐ MEET SET-UP (6:30-8:00 AM Saturdays)
- ☐ MEET TEAR-DOWN/CLEAN-UP (1:30-3:00 PM Saturdays)
- ☐ HOME MEET TIMING BOOTH DATA INPUT

In addition to working the track meet, you can be involved with the club in many other ways!

- ☐ ASSISTANT COACH (Sprints, Distance or Hurdles)
- ☐ FIELD EVENT ASSISTANT COACH (Shot Put, Long Jump or High Jump)
- ☐ HEAD CONCESSIONS COORDINATOR
- ☐ UNIFORM DISTRIBUTION
- ☐ END OF SEASON PICNIC (TROPHIES, FOOD, YEARBOOK, etc.)
- ☐ MEET RIBBONS LABELING AND DISTRIBUTION (Must take home 2 bins)
- ☐ REGISTRATION COORDINATOR (VYC CERTIFICATION, BINDERS)
- ☐ ADMINISTRATION (BOARD OF PARENTS, VYC REPRESENTATIVE)

Remember: The quality of the athletes' experience depends heavily on parent participation. Thanks in advance for all your hard work. Go Falcons!

RELEASE OF LIABILITY



KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, parent or legal guardian of _____ (minor child) for and in return for sufficient, good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby release and forever discharge **The Los Angeles Falcons Track and Field Team**, their agents, servants, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms, or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all actions, causes of action, lawsuits, claims and demands, which I now have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the following: **publishing photographs depicting the minor child named above engaged in field and track events of the LA Falcons Team, whether as an active participant or as an observer, on the official LA Falcons Internet Website found at the web address: <http://www.falconstrack.com>.**

It is understood and agreed that this release is made in full and complete settlement and satisfaction of the aforesaid actions, causes of action, claims and demands; that this Release contains the entire agreement between the parties; and that the terms of this Agreement are contractual and not merely a recital. Furthermore, this Release shall be binding upon the undersigned and his/her respective heirs, executors, administrators, personal representatives, successors and assigns. This Release shall be subject to and governed by the laws of the State of California, County of Los Angeles.

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



PLAYER CONTRACT
VALLEY YOUTH CONFERENCE, INC A YOUTH SPORTS ATHLETIC
ASSOCIATION.

SPORT :

☐ Track & Field ☐ Cross Country

Player Season Application for 20____ Season. Conference Member Organization _____

Age: _____ ☐ Boy ☐ Girl Name of Sport Division _____

<http://www.valleyconference.org>

PLEASE READ CAREFULLY

NOTE: Completion of this application DOES NOT guarantee applicant a position on a team. No applicant will be allowed to participate in any activity until this form has been completed in full and accepted by the above named member organization. Members organization acceptance is subject to final approval and certification by the sport. **PLAYER AND PARENTS TAKE NOTE:** All rules concerning certification, eligibility, playing rules, sport/conference procedures, and any dispute arising from these rules are procedures rests solely with the sport and/or conference. The final arbitration is the Valley Youth Conference, Inc. Executive Board. I agree to abide to all conference decisions.

Player Completes and Signs

SECTION 1. APPLICANT'S STATEMENT (Applicant must complete and sign this section)
I will faithfully keep and abide by the following rules and carry them out to the best of my ability.

1. I will maintain at least a "C" average throughout the school year.
2. I will play any position assigned and do my best for the team.
3. When my team is not playing I will stay off the playing field completely and will not interfere with those playing
4. I solemnly pledge that I will not in any way damage, or deface any property, building or equipment.
5. I agree to abide by all decisions of game officials and will not create any unsportmanlike gestures at any time.
6. I promise that I will be a lady/gentleman at all times and I will refrain from using any foul language.
7. I agree that I will remain a member of the team and the organization until properly released.
8. I agree to return the uniform and other equipment issued to me in as good a condition as when received, except for normal wear and tear.

Players Name _____ Date of Birth _____ Age _____ Date Signed _____
(Print in Full)

Players Address _____ City & Zip _____

Phone _____ Email _____ Signature _____

Cell Phone/Emergency # _____ Contact: _____

Parent/Legal Guardian Completes and Signs

SECTION II. PARENTS/GUARDIANS ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT (PARENT/GUARDIAN SIGN BELOW)

RELEASE: I/WE the parents/guardians of the above named applicant, hereby give my/our approval to his/her participation in all conference and member organizations activities during the specified season I/WE assume all risks and hazards incidental to such participation including transportation to and from the activities and I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the conference, member organization, organizers, sponsors, supervisors, participants, and persons transporting the applicant to and from activities, from any claim arising out of an injury to the applicant.

ATTEST: I/WE hereby acknowledge that the information provided in this application is factual and accurate, that I/WE understand that if applicant is accepted to member organization and is certified by the Conference the applicant must remain with the member organization until released, such release is subject to approval of the conference. I/WE have read the foregoing statement and understand them, and sign them voluntarily.

MEDIA RELEASED: I/WE hereby give permission to the Valley Youth Conference to reproduce, adapt, and display in any and all media my child's name, and/or photographs, silhouettes, or other reproductions of my child's physical image. I further give permission to the Valley Youth Conference to reproduce, adapt, and display record of the sporting performance of my child that it may obtain as it pertains to the Valley Youth Conference Sport that he or she is participating in, on or about the above dates. I hereby release the Valley Youth Conference from any and all claims and liabilities that I or my child by reason of the publication in any media whatsoever (including publication in or by any news media), use, adaptation display or such use of my child's name and/or likeness.

INSURANCE: I/WE hereby acknowledge and represent that I understand that the Conference, or member organizations upon approval of the Conference, maintains Group Accident Coverage for medical/hospital expenses, and that I have been advised and understand the limits and provisions of such coverage, including that such coverage may be considered as "secondary" coverage when there is any other valid and collectible coverage provided by applicant's parents/guardians separate insurance specified below if known. I/WE understand that any claim for medical service which arises out of an injury from a Conference or member organization activity must be reported to the member organization Coach/Manager of applicant's assigned team within ten days of the date of injury. Other Insurance is specified below; if none specify "none"

Carrier

Policy Number

Employer

MEDICAL TREATMENT AUTHORIZATION: In the event of injury or illness to the above named applicant, I/WE hereby grant authority to a qualified physician to render such medical treatment to the applicant as said physician deems necessary under the circumstances upon presentation of this consent form.

I declare under penalty of perjury that I am a parent or guardian of: _____
Name of Athlete

Signature _____ Date _____
Parent or Guardian Name Parent or Guardian (print)

SECTION III. MEMBER ORGANIZATION USE ONLY

Org. Fee _____ Assigned To _____
Reg. Amt _____ On Roster _____
Bal. Due _____
Paid by ☐ Check ☐ Cash ☐ Other _____

CLUB REP PLEASE FILL IN FOR CONFERENCE
MEDICAL EXAM - SPORT & DATE _____

PREVIOUS VYCAA CERT _____
PREVIOUS CLUB: _____



VALLEY YOUTH CONFERENCE, INC.
Track & Field and Cross Country Division
CODE OF CONDUCT – NO FIGHTING CONTRACT

Our goals are to provide a recreational environment that is fun, healthy and competitive for all who wish to play. We believe this is the right of every player enrolled in our program. In addition we wish to protect these players from those who wish to violate their rights via mean spirited play, unsporting behavior and/or undue or malicious outside interference. It is the intent of the Valley Youth Conference, Inc. (VYC) and all Clubs to stop ANY and ALL violent conduct. All players, parents, coaches and helpers who are connected with each VYC Club must read and sign this document.

Any athlete receiving discipline by a coach or an official of the Valley Youth Conference for throwing a punch, participating in a fight or any type of violent conduct, or other type of inappropriate behavior, may be further suspended from play for the season. Any coach, parent or spectator receiving discipline, including, but not limited to being asked to leave, for violent conduct or other inappropriate behavior may be barred from attending any further meets and/or Valley Youth Conference event, including practices.

Should there be an incident of a fight or punches thrown involving athletes, coaches, participants or spectators at any Valley Youth Conference Sport activity, then a report of this incident must be made to the Commissioner of that Sport by the highest officials of the Club (s) in question within 24 hrs. of the incident. If the Commissioner of the Sport is unavailable to receive the report, then the General Manager is to be contacted next.

The use of alcohol and illegal drugs will not be tolerated. If a player, coach or spectator is found to be using, or under the influence of, such substances, that person will be barred from attending the game/event/meet in question and/or reported to the proper authorities. The use of tobacco will not be tolerated at any venue where games/events/meets are in progress. A person using tobacco at any game/event/meet of the Valley Conference will be barred from attending the game/event/meet in question and may receive further sanctions.

The Commissioner, and/or a committee formed by the Commissioner (which shall report to the Commissioner), will review reports of violent conduct, inappropriate behavior, alcohol, illegal drug, or tobacco use and similar incidents. In doing so, said person (s) may receive such input as such person (s) deem necessary. The Commissioner shall issue a ruling and final penalty/sanction, which may be lesser or more than those stated above. Once a ruling on the incident is issued, the Commissioner shall inform the Club representative of the actions against the parties involved and/or penalty or club sanctions. In the event that a person who has been suspended or barred from participation is found to have participated during such person's term of suspension or exclusion, then the Commissioner may issue further sanctions, including, but not limited to, Club suspension.

ANY ATHLETE, COACH or PARENT refusing to sign this document will not be able to participate in play.

PARENTS MEDICAL CLEARANCE AND PERMISSION TO PARTICIPATE

VALLEY YOUTH CONFERENCE TRACK AND FIELD AND CROSS COUNTRY strongly recommends that children have a medical check-up by a physician prior to participating. To participate in this CONFERENCE, the child's parent or guardian **MUST** fill out one of the statements below and sign at the bottom.

I am aware that Track & Field and Cross Country are physically demanding sports that requires strenuous effort to participate. I am not aware of any medical or physical condition (s) of my child (name listed below) that would limit his/her participation in the **VALLEY YOUTH CONFERENCE Track and Field and Cross-Country** programs.

PLAYER _____

CLUB _____

My Child _____ has the following medical or physical conditions (s) that are of concern to me:

Clearance to play **VALLEY YOUTH CONFERENCE Track & Field and Cross-Country** has been obtained through the following medical channels (including tests, examinations and evaluations) and approval to participate has been given by signature of Doctor indicated:

DR. _____ **DATED:** _____

Performance Enhancing Substances - The Valley Youth Conference, its member organizations and representatives of these organization shall NOT recommend, promote or suggest any type of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes. I have read, understood and agree to the above requirements allowing me to participate in Valley Youth Conference, Inc.

Player Name (Please Print)

Parent's Name (Please Print)

Coach/Club Official's Name (Please Print)

Player's Signature

Parent Signature

Coach/Club Official's Signature