

# Ventura County Youth Track Conference/Thousand Oaks Flyers Youth Track Club Membership Application

<b>Applicant Information - Please Print</b>							
Member	Last Name	First Name	Initial	Date of Birth	<b>GG BG MG YG IG</b> <b>GB BB MB YB IB</b>		
	Address		City	State <b>CA</b>	Zip	Home Phone	
Father	Last Name	First Name	Work/Cell Phone		Home Phone		
Mother	Last Name	First Name	Work/Cell Phone		Home Phone		
Emergency Contact	Last Name	First Name	Work/Cell Phone		Home Phone		
School			Member's E-mail Address				
<b>Uniform Sizes</b>							
TOP		SHORTS		Number Registered	\$10 Uniform Discount	Check#/Cash	
S	M	L	Youth Adult				S
<b>Medical Information</b>							
Insurance Co.		Group ID		Policy Number		Insurance Co. Phone	
Preferred Physician		Phone		Special Instructions for Child's Medical Needs			
Conditions/Limitations that may affect applicant's ability to participate in this sport							
<b>Parent Volunteer Information</b>				<b>Optional Items</b>			
Volunteer	Mother	Job Preference					
	Father						
	Other						

### Release Authorization For Emergency Treatment

I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application and I verify that the coverage information provided above is accurate and true. It is understood by the undersigned Parent(s)/Guardian(s) of the child named above that in case of serious illness or accident, a reasonable effort will be made to contact me, my spouse, or the emergency contact listed on this form, before any medical or dental care is commenced, providing time and conditions permit. If however, my spouse or I cannot be reached with reasonable diligence, or in the case of an immediate emergency, I hereby authorize the representatives of the club to arrange for and to consent to such medical or dental care as may be recommended by a licensed physician or dentist.

Such medical and/or dental care shall include, but is not limited to, routine diagnostic tests or examinations, including blood tests, radiographic or laboratory examinations, anesthesia, or any other treatment or care to be rendered under the general or specific supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act or a dentist licensed under the Dental Practice Act.

I further understand that this authorization is given in advance of specific diagnosis, treatment or care, and that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I agree to hold harmless the club, its representatives, or any adult acting as its agent from any liability arising out of the use of, or reliance on, this document.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

### Conditions of Participation

#### THE APPLICANT AND PARENT/GUARDIAN AGREE TO:

Conduct myself in a thoughtful, respectful manner at all times and to refrain from all offensive language.

Treat all club and school property with care and respect.

Abide by all of the rules and the directions, and decisions of coaches and officials.

Participate fully and support all team activities to the best of my ability in all practices and meets.

#### THE PARENT/GUARDIAN(s) AGREE TO:

Help support the team and my child's efforts by working at all home meets, as a coach, or as a board member.

**If, as a parent/guardian, you are unable to honor your volunteer commitment or provide a substitute adult to cover for you, your child may be suspended from the team.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE