



## TRACK AND FIELD REGISTRATION PACKET

All forms must be completed. Please do not leave questions blank. Enter N/A for non-relevant information.

Athletes cannot compete until LVER has received and processed the registration packet. Thank you

Athlete Name:

Phone: 702-612-7276

Email: [lasvegaseliterunners@gmail.com](mailto:lasvegaseliterunners@gmail.com)

Address: P.O. Box 92874, Henderson, NV 89009-2874



## 2025 TRACK & FIELD REGISTRATION INFORMATION

**Athlete Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

Track and Field Season is from January to June. In June, the championship rounds begin. Those who compete and qualify to move on in their respective event(s) will compete and represent their team, association, and region in the Junior Olympic Championships. Training for athletes who advanced from Regionals will continue through July. Training will end in June for athletes who do not advance from Regionals.

Have you competed in Track & Field? ☐ Yes ☐ No. If yes, did you compete with a team (name & year) or unattached (year)? \_\_\_\_\_

List the events of interest or competed in: \_\_\_\_\_

List ALL the sports your child is committed to: \_\_\_\_\_

Will the sport(s) create challenges for you and your child to attend practices or meets? ☐ Yes ☐ No.  
If Yes, Explain: \_\_\_\_\_

Primary Goal

- Train to compete at the highest levels of competition to qualify for the Junior Olympics.

Commitment / Practice Time

- Weekly:
  - 6:00 p.m. to 8:00 p.m., Monday, Tuesday, Wednesday, Thursday
  - 7:00 a.m. to 9:00 a.m. Saturday. No practice when the team is competing in a meet or traveling.
- **Athletes and parents must be committed** to attending and being on time for **WEEKDAY and WEEKEND PRACTICES, and COMPETITIONS**. Daily attendance is taken and recorded.
- **Will travel** - athletes meet or exceed target times in practice, are on time with minimal absences.
- **Will not travel** - athletes are not meeting target times in practice, excessively late, excessively absent.

**Coaches do not provide transportation to or from practices or meets.**

**A Late Fee will be charged if the athlete is picked up after the close of practice. Arrive 10 – 15 minutes early to pick up your athlete(s).**

Parents and athletes must sign below acknowledging the commitment involved while participating with LVER.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LAS VEGAS ELITE RUNNERS

## Track and Field

Competition Year



Athlete Name: \_\_\_\_\_

## CHECK LIST

- ☐ Las Vegas Elite Runners Registration Form
- ☐ Annual Athlete Registration Fee - **\$350.00, NON-REFUNDABLE**  
(This payment does not cover travel expenses to meets or invitationals. A separate check list will be provided, in advance, detailing projected travel expenses for the event. The athlete's expenses will be covered by fundraising, donations, sponsorships and the athlete's family.)
- ☐ USATF Membership  
You may sign up and pay online: <http://usatf.org/membership> Club# 49-0466  
(Membership is annual: January - December. The National office does not prorate this fee.)
- ☐ AAU Membership  
You may sign-up for and pay online: [play.aausports.org](http://play.aausports.org) (Membership is annual: September 1 - August 31)
- ☐ Health Record and Physical
- ☐ Birth Certificate: Upload a copy into the AAU and USATF membership portals.
- ☐ Custom Sublimated Uniform Bundle - **Cost available upon request, NON-REFUNDABLE**  
(Bundle includes: 1 uniform set, 1 track suit, 1 t-shirt, 1 large backpack). Items may be purchased separately.

**Registration fees, uniform costs, and membership fees are subject to change without notice.**

**Athlete CANNOT compete until ALL registration documents, memberships and payments have been received.**

**\*\*Athlete is responsible for racing flats and comfortable running shoes.**

### ADMINISTRATIVE USE ONLY

Date Registered: \_\_\_\_\_

AAU# \_\_\_\_\_ USATF# \_\_\_\_\_

Registration Complete: \_\_\_\_\_ Incomplete: \_\_\_\_\_

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Rev. Dec 2024

# LAS VEGAS ELITE RUNNERS

## Registration Form

### Track and Field



Athlete Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: 

MM	DD	YYYY
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*Per each website, follow the instructions to upload a copy of the birth certificate into the AAU and USATF membership portals.*

### Name of Parent(s) or Legal Guardian(s):

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Annual Fees: \$350.00, NON-REFUNDABLE**

**Uniform Sizes (please check):** NON-REFUNDABLE. Sublimated uniforms are custom made. The vendor does not refund.

Uniform Jersey	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Uniform Shorts	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Warm Up Jacket	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
Warm Up Pants	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL
T-shirt	Youth -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL	Adult -	<input type="radio"/> XS	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L	<input type="radio"/> XL

Backpack, personalized: \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name of Parent/Legal Guardian

Parent/Legal Guardian

**Do not write below this line**

☐ USATF Membership    ☐ AAU Membership    ☐ Health Record    ☐ Birth Certificate

☐ \_\_\_\_\_ Uniform    ☐ Warm Up Suit    ☐ T-shirt

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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lasvegaseliterunners@gmail.com

# LAS VEGAS ELITE RUNNERS

## HEALTH RECORD

### Track and Field



Athlete Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date : \_\_\_\_\_

**Mandatory Sports Physical** - Attach completed **Clearance Form**. Athlete cannot practice or compete if not cleared by your physician. The physician's signature and physician's stamp must be on the Clearance form.

Name and address of the doctor who performed or will perform the physical:

\_\_\_\_\_  
\_\_\_\_\_

List known allergies to medications or food: \_\_\_\_\_

Special or prescription medications or pertinent information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List restriction(s) or medical condition(s) that may affect practice or competing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact (friend or relative): \_\_\_\_\_ Phone# \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

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# LAS VEGAS ELITE RUNNERS

## HEALTH RECORD

### Track and Field



### Emergency Authorization to Treat a Minor

I (we) the undersigned parent, parents, or legal guardian of: \_\_\_\_\_  
Print Name of Child/Athlete

*In case of an emergency, I hereby give permission to the emergency room physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child ONLY if I or the person or persons named herein cannot be contacted.*

*As parent or legal guardian of the applicant, I am in favor of him/her attending team functions and accept the conditions named. The health history stated is correct and the person herein described has permission to engage in all prescribed team activities except as noted. In addition, I have read and understand the Emergency Authorization to Treat a Minor and give my full consent to terms found therein.*

**Emergency Contact:** (Print Name) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/ Guardian(s) Contact:** (Print Name) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name of Parent/Legal Guardian Parent/Legal Guardian

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print name of Parent/Legal Guardian Parent/Legal Guardian

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# LAS VEGAS ELITE RUNNERS

## PHOTOGRAPHY RELEASE

### Track and Field



I hereby authorize Las Vegas Elite Runners, to publish photographs taken of myself and/or the minor child or children listed below, and our names and likenesses, for use in Las Vegas Elite Runners print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Las Vegas Elite Runners from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Las Vegas Elite Runners to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in the organizations marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Las Vegas Elite Runners, its contractors, its employees and any third parties involved in the creation or publication of company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

#### Authorization:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

#### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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## LAS VEGAS ELITE RUNNERS

### REFUND POLICY

*Please read each section carefully and initial.*

\_\_\_\_\_ The registration fee is an annual fee for Las Vegas Elite Runners Track and Field athletes. This fee, once paid, is **NON-REFUNDABLE**. Track and Field season for Las Vegas Elite Runners is January through June and includes July if the athlete advances from the Regional Championships to the Junior Olympics. Upon registration in January, you and your athlete have committed to attending practices and meets as established by the LVER coaches.

\_\_\_\_\_ Entry fees for events your athlete(s) will compete in are **non-refundable**. Once entry fees are submitted, the Host team who gets the entry fees do not issue refunds to the entering teams; therefore, LVER will not issue refunds.

\_\_\_\_\_ Sublimated uniform fees are **NON-REFUNDABLE**. These uniforms are custom made and the vendor will not issue refunds; therefore, LVER will not issue refunds.

### **ACKNOWLEDGEMENT:**

By signing, I have read and understand each of the above sections.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_