



2024-2025 Membership Catapult Track Club & Fitness Training Application

To be completed by CTC Administrators Only!

Membership Type: Winter Spring Summer Other: _____ (explain)

Membership #s (if applicable)

USATF#: _____ Age Group: _____

AAU#: _____ Age Group: _____

PAID

Date: _____ Amount: _____

Cash Zelle Check # _____

Required to be Returned:

Birth Certificate (3 copies) Registration Form

Medical Waiver & Photo Release

Athlete Profile Parent/Guardian Profile

\$100 Deposit Due with Registration Form

REGISTRATION FEES: \$375.00 BEFORE MAY 1st/\$395 after May 1.

***Multi-child discount: 10% for each additional child after the first. Members must live in the same household.**

Athlete Information:

(Please print clearly)

Athlete's Legal Name: _____ Preferred Name _____

Date of Birth ____ / ____ / ____ Current Age ____ Age as of 12/31/2024 ____ Male Female

Address: _____

City _____ State _____ Zip _____ County _____

Current School _____ Grade _____ Physical Limitations/Allergies: _____

Parent/Guardian Information:

Parent/Guardian #1: _____

Cell: _____ Home: _____ Email: _____

Parent/Guardian #2: _____

Cell: _____ Home: _____ E-mail: _____

In Case of an Emergency: (If parent or Guardian is not available):

Name: _____ Phone: _____ Relationship _____

Prior Track & Field experience, if any _____

EVENT(S) Please check what you think your child would be interested in:

100m ____ 200m ____ 400m ____ 800m ____ 1500m ____ 3000m ____ Hurdles ____ Long Jump ____ Triple Jump ____ Shot Put ____ Discus ____ Other ____

Please indicate your size for each item (specify Youth or Adult):

T-shirt size _____ Top size _____ Bottom size _____

How did you hear about us? Website Flyer Athlete/Parent of an Athlete _____

Waiver

Catapult Track Club will always do everything possible to ensure the safety of all athletes. However, we are not responsible for any injuries sustained during practice, travel, or during the course of any track meet. Also, signing this application will give the Club Organizer your permission to sign all documents that will enter your child(ren) into track and field meets. **I understand that, with my child's membership, I assume the responsibility of assisting with the fundraisers and the competitions that the club shall host/put on, in whatever capacity for which I am qualified and/or needed. I hereby agree to abide by the Rules and Regulations of the Catapult Track Club and will respect and enforce all decisions of the Catapult Track Club and its Association.**

Signature of athlete: _____ Date: _____

Parent/Guardian (under 18): _____ Date: _____

If you are interested in being a Coach Assistant, Coach (specify event), or Team Parent, please indicate here: _____



Catapult Track Club & Fitness Training 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 the Catapult Track Club.

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

Should I (or my child) decide to withdraw from participation with the Catapult Track Club – and its activities, I agree to notify the Catapult Track Club, that I am withdrawing the above-named child and that all **REGISTRATION FEES PAID ARE NON-REFUNDABLE.**

Further, in consideration of my child being accepted in Catapult Track Club, I hereby indemnify and hold harmless Catapult Track Club, Board of Directors, Catapult Track Club Head Coach, Coaches, Staff, 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 Catapult Track Club, USATF and AAU.

I am informed that Catapult Track Club is a youth and family centered organization and that its activities in general are not for the pecuniary gain of any individual. Based on that information and belief, I, for myself or my child, grant Catapult Track Club all rights to take and use my child's photographic image while my child participates in any event or program of Catapult Track Club.

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 Catapult Track Club in writing.

I understand my child will not be covered by insurance provided by Catapult 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 exists between the child and myself.

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____

PARTICIPANT'S SIGNATURE _____

DATE: _____ **PARTICIPANT'S BIRTHDATE:** _____



CATAPULT TRACK CLUB & FITNESS TRAINING AGREEMENT, MEDICAL WAIVER AND PHOTO RELEASE FORM

The undersigned participant or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the CATAPULT Track Club and all volunteers and members of the same, for any claim arising out of any injury or damages to me/my child. By signing this release, I, the parent/guardian consent to such participation and verify that adequate medical insurance is in effect during this period. In the event of an emergency and I cannot be reached, I give permission for authorities of the above name agency to seek immediate medical attention for myself/my child. **PLEASE INITIAL** _____

I hereby consent to the use and reproduction of any and all photographs and/or video clips taken of me/my child in any form whatsoever for use in the CATAPULT Track Club newsletter, brochures, flyers, on the County and department web sites, and in any other publications produced for the County or team. Consent is also granted for any use of my name/child's name in any part of those publications listed above. I have read this document and am fully aware of the content and implications, legal and otherwise. **PLEASE INITIAL** _____

I understand that Birth Certificates are required to be submitted to CATAPULT Track Club and they are submitted/used for verification of the athlete's December 30th age by various agencies (DCPR, GRPA, AAU, USATF, and other meet officials). **PLEASE INITIAL** _____

CODE OF CONDUCT: The CATAPULT Track Club believes that sportsmanship is a core value, and its promotion and practice are essential. Participants, parents, officials, administrators, and spectators have a duty to assure that their teams/clubs promote the development of good character. This code of conduct applies to all participants involved in athletics and all activities/events in which CATAPULT Track Club sponsors or participates.

1. Participants will advocate, model, and promote the development of good character to include trustworthiness, respect, responsibility, teamwork, fairness, caring, and citizenship while promoting emotional, physical, and moral well-being above desires and pressure to win.
2. Participants will respect peers, coaches, officials, opponents, and others associated with the activity/event.
3. Participants will promote fair play and uphold the spirit of the rules in the activity/event.
4. Participants will model appropriate behavior at all times.
5. Participants will engage in a healthy lifestyle.

REFUND POLICY: A \$50.00 ADMIN FEE WILL BE CHARGED TO ALL REFUNDS. No refunds after May 15th.

RETURN CHECK POLICY: There will be a \$35.00 non-sufficient funds fee applied to your account if a check is returned. In addition, checks may not be accepted for ANY future payments.

PLEASE INITIAL _____

I have read and fully understand all of the information that has been presented to me. Furthermore, I have read and understand the requirements of this Code of Conduct and acknowledge that my athlete(s) may be disciplined, placed on probation or removed from a CATAPULT Track Club Department sponsored event/activity and/or facility if he/she/they violate any of its provisions.

Signature _____ **Date** _____



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 the CATAPULT Track Club\training and competition seasons (Attach form if available). 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 CATAPULT Track and Field Program. I THE UNDERSIGNED HEREBY WAIVE AND RELEASE any and all claims I may have against The CATAPULT 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 CATAPULT TRACK CLUB, Inc. OR FOR WHICH THE LEGACY ATHLETICSTRACK CLUB, IS A PARTICIPANT. Moreover, I authorize the coaching staff or assigned chaperones of THE CATAPULT 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. 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 CATAPULT 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 food/medications: _____

Important notes related to emergency treatment: _____

His physician is: _____. His/her phone number is _____

PARENT/LEGAL GUARDIAN SIGNATURE

DATE



2024 SUMMER REGISTRATION CHECKLIST

PARTICIPANT/ATHLETE'S NAME: _____ ATHLETE'S BIRTHDATE: _____

**Please check off the following items as completed.
Return the registration forms, birth certificates, payment (or deposit) and checklist to CATAPULT Track Club upon registration.**

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

- 2024 SUMMER Registration Form (please complete all information)
- Registration Fee with \$100 deposit.

Apply a 10% sibling discount off the initial athlete's fee for each additional athlete living at the same address.

- Amount Included: \$ _____ Full or Deposit. **Full payment is due by May 15, 2025.** See Team Administrator if you have questions.
- Parent/Legal Guardian Consent and Release Form (signed by parent & participant)
- Agreement, Medical Acknowledgement, Waiver, and Consent and Release for Emergency Treatment (signed by parent)
- Authorization for Medical Treatment
- Birth Certificate – 3 copies* *No originals please! -new athletes*
- Photo/Media Release Form
- Athlete Profile (One for each registered athlete)
- 2024 Summer Registration Checklist

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

Parent or Legal Guardian Signature: _____ Date: _____



Catapult Track Club & Fitness Training Parent/Legal Guardian Profile

Parent/Guardian #1: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Email: _____

Occupation: _____

Parent/Guardian #2: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ E-mail: _____

Occupation: _____

Athlete's Name: _____

Volunteer Opportunities

We request one or both parents/guardians serve as volunteers. Please review the areas of need below and indicate your interest in assisting.

___ Athlete Coordinator/Team Mom or Dad

___ Coaching (Specify areas of experience): _____

___ Uniforms

___ Digital Photographer (Video/Still) – We need to be able to capture the athletes as they go through the season

___ Graphic Art

___ Fundraising/Donations/Sponsorships

___ Grant Writing/Nonprofit Expertise

___ Community Outreach/Volunteer Opportunities

___ Social Committee (Recognition/End of the season cookout/Decorating for Events)

___ Travel Planning

___ Tent Transport/Set up and Breakdown

___ Medical Assistance

___ Board Member (Must be a parent of a multi-season athlete to participate)

___ Other _____