



TRACK CLUB

Youth Membership Application

Sports: Track and Field (X-Country, Multi-Events)

Club: BCK Thoroughbreds Track Club

Who are you registering? *Provide full legal name.

First Name: _____

Middle Name: _____

Last Name: _____

DOB: _____ Female/Male: _____

Street Address: _____

State, Zip Code: _____

Parent Email: _____

Parent Phone: _____

Terms and Conditions

By entering my name below I hereby authorize BCK Track Club use the AAU website to create the requested youth memberships, accept and acknowledge all terms and conditions presented to me during the application process.

Parent Name: _____

Parent Signature: _____



To the best of my knowledge, my child is able to participate in the BCK Track Club practices and events. I waive the right to legal action against and do not hold liable BCK, Ryle High School, Campbell County High School and the members of the BCK Track staff.

All participants are required to carry their own health insurance.

In the event of an injury, I grant my permission to the staff to administer necessary first aid to my child.

Permission is also granted to the BCK Track Club for use of any pictures taken during practice and competitions, which may include my child, to be used for future promotional purposes such as brochures and/or web site.

Signed: _____

Date: _____

Should an injury occur every effort will be made to contact the parent. However, if a parent cannot be reached, please call:

Name: _____

Phone: _____

Relation to child: _____