

Team Registration Form 2010
www.jocotrackclub.org



Club Use Only		
Dt	Ck#	\$
Birth Cert Rcd		
AAU Card	Provided	Club Ordered

AAU Card # _____

Athlete's Name: _____ Date of birth: _____ Sex: M or F

Athlete's Address: _____ City: _____ St _____ Zip _____

Home Phone: _____ Returning Athlete? Yes or No

VERY IMPORTANT: Please attach a copy of the athlete's birth certificate.
Do you have a current AAU card issued after September 1, 2009? Yes or No
 (A \$12.00 deduction for team registration is allowed if you provide a current AAU card.)

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

(If different from above)

(If different from above)

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Home Phone: _____ Home Phone: _____

(If different from above)

(If different from above)

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Johnson County Comets Track Club relies on many volunteers in order to keep things running smoothly. In order to maintain the high standards we have achieved we need you. Please circle any areas in which your family can be of help. Water jugs to practices, water jugs to meets, team banner to meets, tents to meets, assist with uniforms, assist with registration, photographer, other duties as situations arise...

The following is the team membership price structure for 2010:

First athlete in a family, \$150.00. Each additional athlete in the family, \$140.00.

Junior High and High School, after June 1st, \$100.00.

The fees cover a team t-shirt, coaching, facility and equipment use, the required AAU card, insurance and meet entries for most meets. (This fee will not cover the cost of the AAU Junior Olympics or other meets not listed on our schedule.)

STATEMENT OF WAIVER:

The undersigned states that he/she understands that Johnson County Comets Track Club is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program-track club in which the undersigned is enrolling or from his/her participating in said program, and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the Johnson County Comets Track Club, its employees, coaches, agents, and representatives from any and all claims of any kind that the participant, or the undersigned, or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program.

I HAVE READ & UNDERSTAND THE REGISTRATION POLICY. INVALID WITHOUT SIGNATURE. Signature of

parent/guardian registering participant: _____ *Date* _____

You may mail this form along with your check to Johnson County Comets Track Club, 6630 Long Ave, Shawnee, KS 66216 or bring it to the parent information meeting or practice.