

Bakersfield Youth  
Development Association

Bakersfield Grayhounds  
Track Club



Mark Nichols, President  
5905 Penn Station Lane  
Bakersfield, CA 93311  
(661) 665-9852 or (661) 703-3303

Jermaine Spence, Head Coach

**Application for Summer Track Program 2010**

Participant's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Participant's Phone Number \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthdate \_\_\_\_-\_\_\_\_-\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

In the fall of 2010, I will be in 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, Grade(circle one)

**AGE GROUP AND ABBREVIATIONS**

List Events&Marks/Times:

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

USA:

Bantam 2000 & after  
Midget 1998-1999  
Youth 1996-1997  
Intermediate 1994-1995  
Young Men/Women 1992-1993

AAU:

Primary 2002 & after  
Sub-Bantam 2001  
Bantam 2000  
Sub-Midget 1999  
Midget 1998  
Sub-Youth 1997  
Youth 1996  
Intermediate 1994-1995  
Young Men/Women 1992-1993

The summer Track & Field program is for boys and girls.

**Parent Release:**

I hereby authorize the staff of the Grayhounds Track Club to act for me according to their best judgment in any emergency requiring medical attention. I hereby release the club from any liability for injuries incurred by my son/daughter while participating in this program. I have no knowledge of any physical impairment that would interfere with my child's participation in this program. I assume sole and full responsibility for administering needed medications.

**Medical**

Please list any medical conditions your son or daughter may have? In addition, what medicines are being taken?

List medicines:

\_\_\_\_\_

Medical Insurance \_\_\_\_\_ Number \_\_\_\_\_ (4) Copies of Birth Certificate required

**In CASE OF AN EMERGENCY we can call** Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Name \_\_\_\_\_ Number \_\_\_\_\_

**Parent/ Guardian's Signature** \_\_\_\_\_

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Jermaine Spence 661 346 7488

This year we are traveling to **Sacramento, California** for the USATF Junior Olympics.

Track season begins **June 1, 2010**. Practice will be held at **Cal State Bakersfield**.  
Parents please make sure your child arrives on time and ready to practice.

The cost is **\$200 for new athletics \$150 for returning athletes\***. Athletes will not be issued a uniform until this fee is paid. This fee will cover the cost of AAU & USA cards, insurance, track rental, fundraiser start up costs, and uniform rental. **\*Returning athletes are those who participated 2009\***

Entry Fees may range approximately \$5 to \$7 dollars per event. Parents, please refer to the event calendar for Entry Fee due dates. Please be aware that some fees may cost more.

Hotel costs and travel arrangements will be necessary for the two-day meets (Saturday and Sunday). Parents please plan for these expenses. We will update you with approximate costs.

Fundraiser and donation money will be used to pay for Junior Olympic hotel and/or transportation costs. Parents are expected to help with all fundraiser activities in support of our athletes. Our goal will be to give as much financial support to the athletes as possible.

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**Parental Involvement:**

1. Parents are encouraged to participate in all fund raising.
2. Parents are encouraged to participate in all group activities.
3. Parents are required to have children at practice on time, and asked to stay as often as possible.
4. Parents are asked to encourage all children.
5. Parents are asked not to interfere with coaching unless approved.
6. Parents are asked to refer track related concerns to the coaches.

**Athletes Responsibilities:**

1. Athletes should encourage and support their teammates.
2. Athletes are required to be respectful to all staff and team members.
3. Athletes are required to notify coaching staff if athlete is unable to attend practice.
4. Athletes who arrive late to practice will warm up and stretch and start practice. Coaches will not stop practice or stay late for athletes who arrive late.
5. Athletes on a relay are allowed to miss 3 days of relay practice for circumstances beyond the athlete's control (we realize special allowances may have to be made sometimes, and in those instances, the athlete must have approval from the coach).

**Remember! This organization was founded and exists today because of our youth. As officers, coaches, and parents our goal is to encourage, support and lead our youth in a positive direction.**

If athlete is under 18 years of age, the parent/guardian must complete and return with the entry form the following information for their child to be treated in case of emergency during the Games.

**EMERGENCY INFORMATION AND CONSENT TO TREAT**

Sport: Track and Field

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ / Cell Phone \_\_\_\_\_ Age: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_

In case of injury or illness to the above minor and we as parents or guardians cannot be contacted immediately, We, the undersigned parent/guardian, do hereby authorize coaches and staff of the Bakersfield Grayhounds to take whatever steps are necessary to protect the health of our child including emergency transport.

Signature of Parent/Guardian: \_\_\_\_\_

**MEDICAL INFORMATION: (Please circle Yes or No and explain Yes answer)**

My child:

YES NO Has a history of seizures or fainting \_\_\_\_\_

YES NO Is a diabetic and takes insulin \_\_\_\_\_

YES NO Is subject to specific allergies. If yes, explain type and medications  
\_\_\_\_\_

YES NO Has a medical condition which may affect participation \_\_\_\_\_  
\_\_\_\_\_

YES NO Is currently taking prescribed medications (list) \_\_\_\_\_  
\_\_\_\_\_



## USATF- Pre View Meet (All Comers)

All ages welcome both Male and Female

Saturday, June 12<sup>th</sup> at 730am registration, First events 800am

Track events, field event, concessions, awards

Athletes Fee \$ 5.00 Admissions Fee \$ 3.00 (age 5 and under free)

Event limited to 3 for midge age division and lower, and 4 for Youth

And above

(Waiver required for participation)

**For more information** please call:

**Coach Ryan**, USATF Central-California Youth Chairman **(661) 747-1603**

**Orlando Daniels**, USATF Central-California Memberships **(661) 747-4505**

### Liability Release Form

Please Read over and sign:

In consideration of my acceptance of my entry, I \_\_\_\_\_ for my heirs, executive and administrators, waive and release any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its volunteers, all sponsors and their representatives and any and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation in the mini meet events dated June 12<sup>th</sup>,2010, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of the events and I have not been advised otherwise by a qualified medical person. Further, I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event without compensation to me.

X \_\_\_\_\_  
Signature of Participant Date

X \_\_\_\_\_  
Parent's Signature (if participant is under 18 years of age) Date



**2010 USATF Junior Olympic Program  
Participant Waiver & Release Form**



Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Full USATF Club Name \_\_\_\_\_  
 USATF Club Number \_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
 USATF Association \_\_\_\_\_ USATF Region \_\_\_\_\_  
 2010 USATF Memb. No. \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

- I voluntarily agree to participate in the 2010 USA Track & Field Junior Olympic Championships and knowingly assume any and all risks of loss, damage to my person or property, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the 2010 USA Track & Field Junior Olympic Championships, from any cause whatsoever, including the fault or negligence of Releasees (as defined below). I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue USA Track & Field, Inc., the local USATF Association, the Local Organizing Committee, the Facility and Championship Sponsors, their respective officers, directors, employees, agents and volunteers (collectively "Releasees") from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the 2010 USA Track & Field Junior Olympic Championships. In the event that I am injured, I hereby consent to the provision of necessary and appropriate emergency medical treatment.
  
- By entering this competition, I grant USA Track & Field, Inc. a limited license to use my name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics. In no event, however, will such usage constitute an endorsement of any product or service without my specific written consent.
  
- Athletes who participate in this competition may be subject to drug testing. Visit the competition's Athlete Information page for more information. ([www.usatf.org/events/2010/USATFJuniorOlympicTFChampionships](http://www.usatf.org/events/2010/USATFJuniorOlympicTFChampionships))

\_\_\_\_\_  
Signature - **ATHLETE**

\_\_\_\_\_  
Signature - **PARENT / GUARDIAN** (Must be signed if athlete is under 18 years of age.)

ADA request: I am requesting an accommodation for a disability as follows:

\_\_\_\_\_

(Visit [www.usatf.org/about/legal/policies/ADA.asp](http://www.usatf.org/about/legal/policies/ADA.asp) for forms and procedures) \*  
*Please note: All requests for accommodations must be received six weeks prior to the date of competition.*

List allergies and current medications:

\_\_\_\_\_