

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 2011**

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: Sub-Bantam 2003 & after	AAU: Primary 2003 & after
_____	Bantam 2001-2002	Sub-Bantam 2002
_____	Midget 1999-2000	Bantam 2001
_____	Youth 1997-1998	Sub-Midget 2000
	Intermediate 1995-1996	Midget 1999
	Young Men/Women 1993-1994	Sub-Youth 1998
		Youth 1997
		Intermediate 1995-1996
		Young Men/Women 1993-1994

This summer track and field program is for girls and boys.

\*Athletes must be at least seven (7) years of age on December 31 of the current year to compete at the Youth Athletics or Junior Olympic National Championships.

\*\*Athletes who are still eighteen (18) years of age through the final day of the USATF and AAU Junior Olympic Games shall be eligible to compete.

**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 New Orleans, LA for the AAU Junior Olympics.

Track season begins **May 31, 2011**. 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 \$100 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 2010\***

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) \_\_\_\_\_  
\_\_\_\_\_