



**ATHLETE INFO**

**NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home#** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Parent/Guardian #1		Parent/Guardian #2	
Name:	_____	Name:	_____
Home#	_____	Home#	_____
Cell#	_____	Cell#	_____
Work#	_____	Work#	_____
Email	_____	Email	_____

**EMERGENCY CONTACT INFO**

**Name** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Website Release and Info:** Picture, Events and info below will be published. Use N/A for info not to be published.

**Picture:** Yes No Circle One  
**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

*I hereby grant permission to the Carolina Allstars to use my child \_\_\_\_\_, photograph on its World Wide Web site or in other official AllStar printed publications without further consideration. I also acknowledge that the organization may choose not to use my photo at this time, but may do so at its own discretion at a later date. I also understand that once my child's image is posted on NCAAllstar.org website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the following: • Carolina Allstars Track & Field*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE READ & SIGN BELOW**

*I agree to allow my child to participate as part of the Carolina Allstars Track and Field program, abiding by its rules of conduct. I agree to allow my child to travel with the club, and participate in all club-sponsored competition. I understand that I may withdraw my permission for my child's participation at any time. I agree that my child is medically able to participate in the Track & Field events of this club. I hereby agree to save and indemnify and keep harmless the Carolina Allstars club, its agents, and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during or as a result of any course given the applicant of the Carolina Allstars Track and Field Team.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Athlete's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Birth Certification Verification: (official use only)		
D.O.B.:	Verified by:	Age Grp:



**ATHLETIC MEDICAL INFO**

**NAME:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone# \_\_\_\_\_

This Medical Examination and form must be completed annually and be on file prior to any practice and/or competition.

I hereby apply for permission to participate in the following sport: **TRACK & FIELD**

I certify that the information contained in this application is correct, and I agree to abide by the eligibility rules and regulation of the governing body.

**Medical History**  
(To be completed by parent)

**Date of Last Physical:** \_\_\_\_\_

**Is there a known history of:**

- A. Birth Defects (one eye, one kidney, etc)? YES / NO
- B. Known past illness of more than one week? YES / NO
- C. Medical conditions currently under treatment? YES / NO
- D. Fractures or other disabling injuries? YES / NO
- E. Any permanent deformity or disability? YES / NO
- F. Allergies (Food, drugs, clothing etc)? YES / NO
- G. Mental Disorder or convulsions? YES / NO
- H. Asthma? YES / NO
- I. Diabetes? YES / NO
- J. Heart Disease or Heart Conditions? YES / NO
- K. Currently taking prescribed medication? YES / NO

If YES to any of the above please explain: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Carolina Allstars Track & Field Club

TO: Parents/Guardians & Youth

Subject: 2012 Guidelines

Please read and discuss with your athlete(s).

### 2012 Groups

**\*\*Sub-Bantams 2004 – 2005 Max: 3 Events**

**\*\*Bantams 2002 – 2003 Max: 3 Events**

**Midgets 1998 – 2001 Max: 3 Events**

**Youth 1998 – 1999 Max: 4 Events**

**Intermediate 1996 – 1997 Max: 4 Events**

**Young M/W 1994 – 1995 Max: 4 Events**

**\*\* (Parental Supervision Required)**

1. Disciplinary action will be administered on a three strike system at the discretion of coaching staff only. There is a zero-tolerance for fighting and inappropriate behavior. If your child becomes a problem to this team they may be expelled at the discretion of the coaching staff.
2. All athletes should be ready to practice at 6pm. All athletes are expected to be at each practice to be held on Monday, Tuesday, and Thursday. ***(Friday practice is optional and will be announced by coaching staff)***.
3. **All financial obligations must be paid in order for any athlete to participate in competition or receive uniform.**
4. In the case of bad weather you will be notified by phone from a coach if practice is to be canceled. **If you do not receive a call from a coach, practice will be held.**
5. Please ensure your child is dressed appropriately for practice, (ie shorts, t-shirt or sweat suits and low top running shoes).
6. Uniforms must be purchased by parent or guardian.
7. Athletic events will be determined by the coaching staff. If any concerns arise please address at next scheduled practice.
8. All team members will remain together in sitting areas determined by coaching staff during competition. Athletes are required to remain in this area unless given permission by coaches or chaperone.
9. Travel arrangements for local meets will be via carpool. Parents must notify staff if someone else will be responsible for your child. Written notification required from parents if athlete will be riding with anyone else.
10. Curfew will be instituted for all meets that require overnight lodging.
11. Money for food or snacks during competition can be given to coaching staff for security. We will not be responsible for lost money not secured by coaching staff.
12. Each athlete will be financially responsible for their individual travel expenses.