

#### To: All Parents and Athletes

From: Alan Bingham President of the Santa Clarita Track Club, Inc. - Storm

On behalf of the SCTC board of directors, it is my pleasure to welcome you to the 2017 Cross Country Season.

The Santa Clarita Track Club is a nonprofit 501(c) 3 tax exempt organization that promotes running sports for youth in the Santa Clarita Valley. Our Tax ID number is 77-0615715.

This is an all-volunteer organization, your help, support, and cooperation is critical for this program to be a success. We require each parent/guardian to participate in helping to accomplish the various functions of this club i.e. coaching, timers, data entry, ribbons, tag pulling, officiating & judging events, help at practices, clothing sales, fundraising, meet setup and tear down, and assisting when we are visitors at other meets, transporting pop-up tents, first aid, I could go on and on! We want this program to continue to be the best it can for your children, and it is going to take all of us working together to make it so.

To help you understand more about the Santa Clarita Track Club's program and philosophy, we will provide you with a Parent Handbook. It contains information regarding our club's purpose, conduct during cross country meets and useful information concerning parent conduct and safety rules for training.

Hopefully, your questions will be answered by reading the handbook. Please contact any of the individuals listed below if you have any further questions or wish to review any of the points contained in this packet.

Alan Bingham Jeremy Stepan Elaine Bingham 661-755-6197 CoachJeremy@YellowHatCoach.com CoachElaine@runstorm.org President Director Cross Country Coach

Sincerely Alan Bíngham

President Santa Clarita Track Club, Inc.

## **IMPORANT DATES**

Parent Meeting (Permit Pending) First Practice

July 25, 2017 August 7, 2017 6:30 – 7:30 pm Rio N 6:00 pm – 7:30 pm West

Rio Norte Jr HS West Creek Park

(Practice days are Monday @ West Creek Park, Tuesday @ COC, and Thursday @ Central Park 6:00 pm and Saturday @ Central Park 8:00 am until meets start) \*Subject to change, Tuesday and Thursday will switch later in the month of August.

Lap-a-thon	TBA
First Meet	September 9, 2017
Team Awards Banquet	November 4, 2017 6:00 pm

Central Park Location TBA SCV Sports Complex

We're still in the planning stages, this page will be updated when we know.



## Santa Clarita Track Club – Storm Sign-up Packet – Cross Country 2017 Season

#### The packet contains the following forms:

1. Storm Registration Form (Fill out and return 1 copy) (Please return even if you checked the box in the line below

### 2. Valley Youth Conference Contract form

#### (Fill out and return 1 copies)

When completing the top section, for the name of the Division, Please enter the two-letter code from the following table:

#### Year of Birth Sports Division Code (Girl/Boy)

2011 – 2012 Sub-Gremlin SG or SB (for Sub-Gremlin Girl or Sub-Gremlin Boy)
2009 – 2010 Gremlin GG or GB (For Gremlin Girl or Gremlin Boy)
2007 – 2008 Bantam BG or BB
2005 – 2006 Midget MG or MB
2003 – 2004 Youth YG or YB
2001 – 2002 Intermediate IG or IB

- 3. Code of Conduct Form/Parents Medical Clearance Waiver Form (Fill out and return 1 copy)
- 4. Uniform Order Form (Fill out and return 1 copy)
- 5. Please attach a copy of the Child's Birth Certificate (County) or other proof of age document

Mail to or drop off at:

Santa Clarita Track Club, Inc. C/O Alan Bingham 27900 Youngberry Dr Saugus, CA 91350-1756

## **Registration fees are as follows:**

\$150.00 per athlete for the first 2 in the same household and \$90.00 per athlete after that. \$150.00, 2- \$300.00, 3- \$390.00, 4- \$480.00

Uniforms are \$40.00 additional for each uniform needed. Each athlete must compete in the complete uniform (Shirt & Shorts). Previous Track or XC athletes may wear their existing uniform if it still fits.

# SANTA CLARITA TRACK CLUB, INC.

## **REGISTRATION FORM**

<ul><li>Cross Country</li><li>Track &amp; Field</li></ul>	5		Division Team Season Age Check List: Contracts Complete		
Players Name First Parents Full Name		Last	Copy of Birth Certificate Enclosed		
Parents Occupation			Medical Release Waiver		
Home Address			Code of Conduct		
City					
Home Phone	Emergency P	hone			
E-Mail Address			<b>Returned</b> Check		
Birth Date			Policy		
School		Grade	If a personal check offered in payment is returned without payment for any reason,		
LIST NAMES AND AGES OF BROTHERS AND SISTERS IN THIS PROGRAM the SCTC imposes a \$25.00 charge for the returned check to recover the SCTC's processing and collection costs. This charge					
1)	3)		is based solely on statute, not contract. The SCTC may sue if payment is not received in 30 days.		
2)			If any civil action results in a judgment against you that judgment may become a part of your permanent credit profile for up to seven years.		
Ethnic Group (Please circle one) : SPECIAL NOTES: VACATION, HE			ETC.		

#### For SCTC Use Only

## For SCTC Use Only

Parents Will Assist This Program As:						
Amount Paid Cash	Check#	Receipt #	Amount Due			
Registered By		Date				
Dropped From Program (Give Reason)						
Date Dropped Refund Approved By		Refund Amount	Refund Date			

TT	PLAYER CONTRACT VALLEY YOUTH CONFERENCE, INC. A YOUTH SPORTS ATHLETIC ASSOCIATION.					
× -	SPORT :		Track & Field	Cross Country		
		or 20Season. C	Conference Member Organ	nization		
	Age: B	oy Girl	Name of Sport Division			
		http://www.val	eyconference.org			
compl AND F	PLEASI Completion of this application DOES NOT guarantee applicant a positi eted in full and accepted by the above named member organization. Me PARENTS TAKE NOTE: All rules concerning certification, eligibility, play solely with the sport and/or conference. The final arbitration is the Valley	embers organization accept ying rules, sport/conference	t will be allowed to participate in an ance is subject to final approval and procedures, and any dispute arising	d certification by the sport. <b>PLAYER</b> ng from these rules are procedures		
Completes and Signs	<ul> <li>SECTION 1. APPLICAT'S STATEMENT (Applicant must complete and sign this section) <ol> <li>I will faithfully keep and abide by the following rules and carry them out to the best of my ability.</li> </ol> </li> <li>I will maintain at least a "C" average throughout the school year.</li> <li>I will play any position assigned and do my best for the team.</li> <li>When my team is not playing I will stay off the playing field completely and will not interfere with those playing</li> <li>I solemnly pledge that I will not in any way damage, or deface any property, building or equipment.</li> <li>I agree to abide by all decisions of game officials and will not create any unsportmanlike gestures at any time.</li> <li>I promise that I will be a lady/gentleman at all times and I will refrain from using any foul language.</li> <li>I agree to return the uniform and other equipment issued to me in as good a condition as when received, except for normal wear and tear.</li> </ul>					
<mark>nplet</mark>	Players Name (Print in Full)	Date of BirthAgeDate Signed				
Col	Players Address	City & Zip				
<mark>Player</mark>		EmailSignature				
	Cell Phone/Emergency #					
		Contact				
S	SECTION II. PARENTS/GUARDIANS ACKNOWLEDGEMENT, AUTHORIZATION					
Parent/Legal Guardian Completes and Signs	RELEASE:         IWE the parents/guardians of the above named applicant, hereby give IWE assume all risks and hazards incidental to such participation including transpoor conference, member organization, organizers, sponsors, supervisors, participants, at           ATTEST:         IWE hereby acknowledge that the information provided in this application Conference the applicant must remain with the member organization until released, sign them voluntarily.           MEDIA RELEASED:         IWE hereby give permission to the Valley Youth Conference in reproductions of my child's physical image. I further give permission to the Valley You pertains to the Valley Youth Conference Sport that he or she is participating in, on or child by reason of the publication in any media whatsoever (including publication in INSURANCE; IWE hereby acknowledge and represent that I understand that the C medical/hospital expenses, and that I have been advised and understand the limits any other valid and collectible overage provided by applicant's parents/guardians se from a Conference or member organization activity must be reported to the member specified below; if none specify "none"           Carrier         Carrier           MEDICAL TREATMENT AUTHORIZATION:         In the event of injury or illness to the a applicant as said physician deems necessary under the circumstances upon present I declare under penalty of perjury that I am a parent or guardian of:	my/our approval to his/her partici rtation to and from the activities and ind persons transporting the appli such release is subject to approv to reproduce, adapt, and display in buth Conference to reproduce, ad r about the above dates. I hereby or by any news media), use, adap or by any news media, use, adap or forference, or member organizati and provisions of such coverage, parate insurance specified below organization Coach/Manager of a Policy Number bove named applicant, I/WE here tation of this consent form.	pation in all conference and member organ di I/WE do hereby waive, release, absolve cant to and from activities, form any claim i understand that if applicant is accepted to all of the conference. I/WE have read the f or any and all media my child's name, and/ apt, and display record of the sporting perf release the Valley Youth Conference fron tation display or such use of my child's na ons upon approval of the Conference, mair including that such coverage may be cons if known. I/WE understand that any claim ppplicant's assigned team within ten days of the provident of the conference, mair including that such coverage may be cons if known. I/WE understand that any claim ppplicant's assigned team within ten days of Mame of Athlete	a, indemnify and agree to hold harmless the arising out of an injury to the applicant. b member organization and is certified by the foregoing statement and understand them, and or photographs, silhouettes, or other formance of my child that it may obtain as it in any and all claims and liabilities that I or my me and/or likeness. Intains Group Accident Coverage for idered as "secondary" coverage when there is for medical service which arises out of an injury of the date of injury. Other Insurance is Integrating the date of the date.		
<mark>Completes and</mark>	IWE assume all risks and hazards incidental to such participation including transport conference, member organization, organizers, sponsors, supervisors, participants, and the text of tex of text of text of text of tex of text of t	my/our approval to his/her partici rtation to and from the activities and not persons transporting the appli is factual and accurate, that I/WB such release is subject to approv to reproduce, adapt, and display in juth Conference to reproduce, ad r about the above dates. I hereby or by any news media), use, adap or by any news media), use, adap onference, or member organizati and provisions of such coverage, parate insurance specified below organization Coach/Manager of a Policy Number bove named applicant, I/WE here tation of this consent form.	pation in all conference and member organ di I/WE do hereby waive, release, absolve cant to and from activities, form any claim i understand that if applicant is accepted to all of the conference. I/WE have read the f or any and all media my child's name, and/ apt, and display record of the sporting perf release the Valley Youth Conference fron tation display or such use of my child's na ons upon approval of the Conference, mair including that such coverage may be cons if known. I/WE understand that any claim ppplicant's assigned team within ten days of the provident of the conference, mair including that such coverage may be cons if known. I/WE understand that any claim ppplicant's assigned team within ten days of Mame of Athlete	a, indemnify and agree to hold harmless the arising out of an injury to the applicant. or member organization and is certified by the foregoing statement and understand them, and or photographs, silhouettes, or other ormance of my child that it may obtain as it nany and all claims and liabilities that I or my me and/or likeness. Itains Group Accident Coverage for idered as "secondary" coverage for idered as "secondary" coverage when there is for medical service which arises out of an injury of the date of injury. Other Insurance is		
Parent/Legal Guardian Completes and	IWE assume all risks and hazards incidental to such participation including transport conference, member organization, organizers, sponsors, supervisors, participants, a supervisors in the provided in this application conference the applicant must remain with the member organization until released, sign them voluntarily.         MEDIA RELEASED: I/WE hereby give permission to the Valley Youth Conference for approductions of my child's physical image. I further give permission to the Valley Youth Conference for productions of my child's physical image. I further give permission to the Valley Youth Conference Sport that he or she is participating in, or or child by reason of the publication in any media whatsoever (including publication in any media whatsoever (including publication in any other valid and collectible overage provided by applicant's participating in a price provide to applicant's parents/guardians set from a Conference or member organization activity must be reported to the member specified below; if none specify "none"         Carrier       MEDICAL TREATMENT AUTHORIZATION: In the event of injury or illness to the applicant as asid physician deems necessary under the circumstances upon present I declare under penalty of perjury that I am a parent or guardian of:	my/our approval to his/her partici rtation to and from the activities and not persons transporting the appli is factual and accurate, that I/WB such release is subject to approv to reproduce, adapt, and display in juth Conference to reproduce, ad r about the above dates. I hereby or by any news media), use, adap or by any news media), use, adap onference, or member organizati and provisions of such coverage, parate insurance specified below organization Coach/Manager of a Policy Number bove named applicant, I/WE here tation of this consent form.	pation in all conference and member organ the I/WE do hereby waive, release, absolve cant to and from activities, form any claim and understand that if applicant is accepted to al of the conference. I/WE have read the f in any and all media my child's name, and// apt, and display record of the sporting perf release the Valley Youth Conference fron tation display or such use of my child's na nos upon approval of the Conference, mair including that such coverage may be cons- if known. I/WE understand that any claim inpplicant's assigned team within ten days of the grant authority to a qualified physician to Name of Athlete	e, indemnify and agree to hold harmless the arising out of an injury to the applicant. or member organization and is certified by the foregoing statement and understand them, and or photographs, silhouettes, or other formance of my child that it may obtain as it nany and all claims and liabilities that I or my me and/or likeness. Itains Group Accident Coverage for idered as "secondary" coverage when there is for medical service which arises out of an injury of the date of injury. Other Insurance is		



### VALLEY YOUTH CONFERENCE, INC. Track & Field and Cross Country Division CODE OF CONDUCT – NO FIGHTING CONTRACT

Our goals are to provide a recreational environment that is fun, healthy and competitive for all who wish to play. We believe this is the right of every player enrolled in our program. In addition we wish to protect these players from those who wish to violate their rights via mean spirited play, unsporting behavior and/or undue or malicious outside interference. It is the intent of the Valley Youth Conference, Inc. (VYC) and all Clubs to stop ANY and ALL violent conduct. All players, parents, coaches and helpers who are connected with each VYC Club must read and sign this document.

Any athlete receiving discipline by a coach or an official of the Valley Youth Conference for throwing a punch, participating in a fight or any type of violent conduct, or other type of inappropriate behavior, may be further suspended from play for the season. Any coach, parent or spectator receiving discipline, including, but not limited to being asked to leave, for violent conduct or other inappropriate behavior may be barred from attending any further meets and/or Valley Youth Conference event, including practices.

Should there be an incident of a fight or punches thrown involving athletes, coaches, participants or spectators at any Valley Youth Conference Sport activity, then a report of this incident must be made to the Commissioner of that Sport by the highest officials of the Club (s) in question within 24 hrs. of the incident. If the Commissioner of the Sport is unavailable to receive the report, then the General Manager is to be contacted next.

The use of alcohol and illegal drugs will not be tolerated. If a player, coach or spectator is found to be using, or under the influence of, such substances, that person will be barred from attending the game/event/meet in question and/or reported to the proper authorities. The use of tobacco will not be tolerated at any venue where games/events/meets are in progress. A person using tobacco at any game/event/meet of the Valley Conference will be barred from attending the game/event/meet in question and may receive further sanctions.

The Commissioner, and/or a committee formed by the Commissioner (which shall report to the Commissioner), will review reports of violent conduct, inappropriate behavior, alcohol, illegal drug, or tobacco use and similar incidents. In doing so, said person (s) may receive such input as such person (s) deem necessary. The Commissioner shall issue a ruling and final penalty/sanction, which may be lesser or more than those stated above. Once a ruling on the incident is issued, the Commissioner shall inform the Club representative of the actions against the parties involved and/or penalty or club sanctions. In the event that a person who has been suspended or barred from participation is found to have participated during such person's term of suspension or exclusion, then the Commissioner may issue further sanctions, including, but not limited to, Club suspension.

ANY ATHLETE, COACH or PARENT refusing to sign this document will not be able to participate in play.

## PARENTS MEDICAL CLEARANCE AND PERMISSION TO PARTICIPATE

VALLEY YOUTH CONFERENCE TRACK AND FIELD AND CROSS COUNTRY strongly recommends that children have a medical check-up by a physician prior to participating. To participate in this CONFERENCE, the child's parent or guardian MUST fill out one of the statements below and sign at the bottom.

I am aware that Track & Field and Cross Country are physically demanding sports that requires strenuous effort to participate. I am not aware of any medical or physical condition (s) of my child (name listed below) that would limit his/her participation in the VALLEY YOUTH CONFERENCE Track and Field and Cross-Country programs.

PLAYER \_\_\_\_

CLUB\_

My Child \_

\_\_\_\_\_ has the following medical or physical conditions (s) that are of concern to me:

Clearance to play **VALLEY YOUTH CONFERENCE Track & Field** and **Cross-Country** has been obtained through the following medical channels (including tests, examinations and evaluations) and approval to participate has been given by signature of Doctor indicated:

DR. \_\_

\_\_\_\_\_ DATED: \_\_\_\_

**Performance Enhancing Substances** - The Valley Youth Conference, its member organizations and representatives of these organization shall NOT recommend, promote or suggest any type of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes. I have read, understood and agree to the above requirements allowing me to participate in Valley Youth Conference, Inc.

Player Name (Please Print)

Parent's Name (Please Print)

Coach/Club Official's Name (Please Print)



**UNIFORM ORDER FORM** 

Name	Age Group				
Telephone Number					
Please circle one					
SHIRT SIZE (Purple/Gray/Black)			\$22.50		
YOUTH	Small (6-8)	Medium (10-12)	Large (14-16)	None l	Requested
ADULT	Small	Medium	Large X-	-Large	XX-Large
Please circl	le one				
SHORT SIZE (Black) \$17.50					
YOUTH	Small (6-8)	Medium (10-12)	Large (14-16)	None I	Requested
ADULT	Small	Medium	Large X-	-Large	XX-Large

Uniform Shirt:\$22.50Uniform Short:\$17.50

New Policy: Uniform fees are no longer part of registration, but in an effort to lower prices will be purchased as needed by new and returning athletes.

All athletes must compete in the team uniform, however you may use last year's uniform if it still fits. New uniforms may be purchased at the merchandise table during practice if needed.