

To: All Parents and Athletes

From: Alan Bingham, and Mark Cruz,

On behalf of the Storm track board, it is our pleasure to welcome you to the 2016 season.

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 or judging events & relays, help at practices, fundraising, meet setup and tear down, and assisting when we are visitors at other clubs meets, transporting pop-up tents, first aid, etc. We want this program to be the best it can for your family, and it is going to take all of us working together to make it happen.

We have now started our sign-up process and expect our club to be full this year. Please note that we will only contact you if you have been placed on a waiting list due to full capacity. A full roster will be published at the Vincenzo's Meet the Coaches' event and at the Parent meeting. Please be sure to register early to avoid any problems.

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. Our team is located at Valencia & Saugus High Schools.

We look forward to a very successful season. See you on the track soon!

Alan Bingham (661) 513-3719 President

Mark Cruz (310) 497-5224 Director Track and Field (Storm)

Elaine Bingham (661) 373-6897 Head Track Coach

Sincerely

Alan Bingham

President Santa Clarita Track Club, Inc.

#### **IMPORANT DATES** (Subject to change due to finalization of schedule.)

Picture Day March 5 TBA Lap-a-thon March 9 TBA

First Track Meet March 19 (8:00 AM) Canyon High School

Team Picnic May 15 11:00 AM – 3:00 PM Newhall Park



### Santa Clarita Track Club - Storm Sign-up Packet - Track and Field

## The packet contains the following forms:

1. Storm Players Application Form (Fill out and return 1 copy)

### 2. Valley Youth Conference Players Contract form (Fill out and return both copies)

When completing the top section, for Conference Member Organization, write in **SCTC** and for the name of the Sports Division, Please enter the two letter code from the following table:

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

2008 – 2010 Gremlin **GG** or **GB** (**For Gremlin Girl or Gremlin Boy**)

2006 – 2007 Bantam **BG** or **BB** 

2004 – 2005 Midget **MG** or **MB** 

2002 – 2003 Youth **YG** or **YB** 

2000 – 2001 Intermediate IG or IB

3. Medical Release form (Fill out and return 1 copy)

4. Code of Conduct form (Fill out and return 1 copy)

5. Uniform Order Form (Fill out and return Uniform Order Form)

6. 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: (Uniform not included in registration fee)

Regular Registration Price **February 1, 2016 & after** \$225.00 per athlete for the first 2 in the same household and \$175.00 for each athlete after that.

1 - \$225.00, 2 - \$450.00, 3 - \$625.00, 4 - \$800.00, 5 - \$975.00

Uniforms are \$35.00 additional for each uniform needed. Each athlete must compete in the complete uniform (Shirt & Shorts). 2012 - 2015 Track or XC athletes may wear their existing uniform if it still fits.

# SANTA CLARITA TRACK CLUB, INC.

FOR SCTC USE ONLY

# **REGISTRATION FORM**

| SANTA   | <b>CLARITA</b> Division         |   |
|---|---------------------------------|---|
| ☐ Cross Country                                     |                                 | \ge   |
| ☐ Track & Field                                     | Check L                         | ist:  |
| TRACK   | Contract                        | s Complete  |
| Players Name Middle Parents Full Name               | Last Copy of Birth Cer Enclosed | rtificate   |
| Parents Occupation                                  | Medical                         | Release   |
| Home Address  | Code of                         | Conduct   |
| City Zip  | )                               |   |
| Home Phone Emergency Phone _                        |                                 |   |
| E-Mail Address                                      | Retu                            | rned Check  |
| Birth Date Age (                                    | Police                          | y   |
| School  | If a parson                     | al check offered in payment is<br>ithout payment for any reason,                                    |
| LIST NAMES AND AGES OF BROTHERS AND SISTERS I       | the SCTC i                      | imposes a \$25.00 charge for the<br>neck to recover the SCTC's<br>and collection costs. This charge |
| 1)3)  |                                 | lely on statute, not contract. The sue if payment is not received in                                |
|   | If any civi                     | l action results in a judgment<br>u that judgment may become a                                      |
| 2)4)  | part of you<br>up to sever      | ur permanent credit profile for   |
| Ethnic Group (Please circle one): Black White Asian | Latino Other                    |   |
| SPECIAL NOTES: VACATION, HEALTH, HOW DID YOU        | FOUND OUT ABOUT US, ETC.        |   |
| For SCTC Use Only Athlete Tee-Shirt Siz             | ze                              |   |
| Parents Will Assist This Program As:                |                                 |   |
| Amount Paid Cash Check#                             | Receipt # Amount Due            |   |
| Registered By                                       | Date                            |   |
| Oropped From Program (Give Reason)                  |                                 |   |
| Date Dropped Refund Approved By                     | Refund AmountRefund Date_       |   |
|   |                                 |   |



# **UNIFORM ORDER FORM**

| Name             | Age Group |
|------------------|-----------|
| Telephone Number |           |

# Please circle one

| SHIRT SIZE (Purple/Gray/Black) |             |                | \$20.00     |         |             |
|--------------------------------|-------------|----------------|-------------|---------|-------------|
| YOUTH                          | Small (6-8) | Medium (10-12) | Large (14-1 | l6) Nor | e Requested |
| ADULT                          | Small       | Medium         | Large       | X-Large | XX-Large    |

## Please circle one

| SHORT | SIZE        | (Black) | \$15.00    |               |                  |  |
|-------|-------------|---------|------------|---------------|------------------|--|
| YOUTH | Small (6-8) | Medi    | um (10-12) | Large (14-16) | None Requested   |  |
| ADULT | Small       | Mediı   | ım         | Large         | X-Large XX-Large |  |

Uniform Shirt: \$20.00 Uniform Short: \$15.00

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.

#### PLAYER CONTRACT

# VALLEY YOUTH CONFERENCE, INC. A YOUTH SPORTS ATHLETIC ASSOCIATION.

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**SPORT:** Track & Field Cross Country

| Player Season Applica | ation for 20 | _Season.     | Conference Member Organization |
|-----------------------|--------------|--------------|--------------------------------|
| Age:                  | Boy          | Girl         | Name of Sport Division         |
|                       | le d         | Lt <i>11</i> |                                |

http://www.valleyconference.org

#### PLEASE READ CAREFULLY

NOTE: Completion of this application DOES NOT guarantee applicant a position on a team. No applicant will be allowed to participate in any activity until this form has been completed in full and accepted by the above named member organization. Members organization acceptance is subject to final approval and certification by the sport. **PLAYER AND PARENTS TAKE NOTE**: All rules concerning certification, eligibility, playing rules, sport/conference procedures, and any dispute arising from these rules are procedures rests solely with the sport and/or conference. The final arbitration is the Valley Youth Conference, Inc. Executive Board. I agree to abide to all conference decisions.

| Completes and Signs | SECTION 1. APPLICAT'S STATEMENT (Applicant must cor I will faithfully keep and abide by the following rules and carry  1. I will maintain at least a "C" average throughout the sc  2. I will play any position assigned and do my best for the  3. When my team is not playing I will stay off the playing  4. I solemnly pledge that I will not in any way damage, or  5. I agree to abide by all decisions of game officials and of  6. I promise that I will be a lady/gentleman at all times an  7. I agree that I will remain a member of the team and the  8. I agree to return the uniform and other equipment issue | them out to the best of my ability.  hool year.  team. field completely and will not interfere wideface any property, building or equipill not create any unsportmanlike gest of l will refrain from using any foul langue organization until properly released, ed to me in as good a condition as whe | ment. ures at any time. uage. en received, except for normal wea |  |
|---------------------|--|---|--|--|
| 헽                   | Players Name(Print in Full)  | Date of Birth   | Age  | Date Signed  |
|                     | Players Address  |   | City & Zip   |  |
| Player              | Phone  | Email   | Signatu  | re   |
|                     | Cell Phone/Emergency#  | Contact:  |  |  |
|                     |  |   |  |  |
|                     | SECTION II. PARENTS/GUARDIANS ACKNOWLEDGEMENT, AUTHO   | RIZATION AND CONSENT (PARENT/GUARD  |  | All and a street of the street |

#### RELEASE; I/WE the parents/guardians of the above named applicant, hereby give my/our approval to his/her participation in all conference and member organizations activities during the specified season I/WE assume all risks and hazards incidental to such participation including transportation to and from the activities and I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the Parent/Legal Guardian Completes and Signs conference, member organization, organizers, sponsors, supervisors, participants, and persons transporting the applicant to and from activities, form any claim arising out of an injury to the applicant. ATTEST: I/WE hereby acknowledge that the information provided in this application is factual and accurate, that I/WE understand that if applicant is accepted to member organization and is certified by the Conference the applicant must remain with the member organization until released, such release is subject to approval of the conference. I/WE have read the foregoing statement and understand them, and sign them voluntarily. MEDIA RELEASED: I/WE hereby give permission to the Valley Youth Conference to reproduce, adapt, and display in any and all media my child's name, and/or photographs, silhouettes, or other reproductions of my child's physical image. I further give permission to the Valley Youth Conference to reproduce, adapt, and display record of the sporting performance of my child that it may obtain as it pertains to the Valley Youth Conference Sport that he or she is participating in, on or about the above dates. I hereby release the Valley Youth Conference from any and all claims and liabilities that I or my child by reason of the publication in any media whatsoever (including publication in or by any news media), use, adaptation display or such use of my child's name and/or likeness. INSURANCE: I/WE hereby acknowledge and represent that I understand that the Conference, or member organizations upon approval of the Conference, maintains Group Accident Coverage for medical/hospital expenses, and that I have been advised and understand the limits and provisions of such coverage, including that such coverage may be considered as "secondary" coverage when there is any other valid and collectible overage provided by applicant's parents/guardians separate insurance specified below if known. I/WE understand that any claim for medical service which arises out of an injury from a Conference or member organization activity must be reported to the member organization Coach/Manager of applicant's assigned team within ten days of the date of injury. Other Insurance is specified below; if none specify "none" Carrier Policy Number MEDICAL TREATMENT AUTHORIZATION: In the event of injury or illness to the above named applicant, I/WE hereby grant authority to a qualified physician to render such medical treatment to the applicant as said physician deems necessary under the circumstances upon presentation of this consent form. I declare under penalty of perjury that I am a parent or guardian of: Name of Athlete Signature Date Parent or Guardian Name Parent or Guardian (print)

| SECTION III. MEMBER ORGAN | IIZATION USE ONLY     | CLUB REP PLEASE FILL IN FOR CONFERENCE<br>MEDICAL EXAM – SPORT & DATE |
|---------------------------|-----------------------|---|
| Org. Fee<br>Reg. Amt      | Assigned To On Roster | DDF/MOUSE MANAGEDT  |
| Bal. Due                  | Other                 | PREVIOUS CLUB:  |



Player Name (Please Print)

Player's Signature

# **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.

Parent's Name (Please Print)

**Parent Signature** 

| PARENTS MEDICAL C                                | LEARANCE AND PERMISSION TO PARTICIPATE  |
|--|---|
|  | ND FIELD AND CROSS COUNTRY strongly recommends that children have a medical check-up e in this CONFERENCE, the child's parent or guardian MUST fill out one of the statements below   |
|  | are physically demanding sports that requires strenuous effort to participate. I am not aware of any the listed below) that would limit his/her participation in the VALLEY YOUTH CONFERENCE  CLUB  |
|  |   |
| My Child   | has the following medical or physical conditions (s) that are of concern to me:   |
|  | ENCE Track & Field and Cross-Country has been obtained through the following medical tions) and approval to participate has been given by signature of Doctor indicated:  |
| DR   | DATED:  |
| shall NOT recommend, promote or suggest any type | The Valley Youth Conference, its member organizations and representatives of these organization pe of substance whether chemical, vitamin, mineral, or herbal to be used by its athletes. uirements allowing me to participate in Valley Youth Conference, Inc. |

Coach/Club Official's Name (Please Print)

Coach/Club Official's Signature