



**Inland Empire Track Club, P.O. Box 3638, Riverside, CA 92519  
(951) 538-4473, <http://www.inlandempiretrackclub.org>**

**2019 Membership Application**  
**Meet Registration Fee ~ \$100.00 (due 1/26/19)**  
**Membership Fee (Season) ~ \$270.00 (due 2/23/19)**  
**All fees are non-refundable.**

**Applicant's Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Application Date \_\_\_\_\_**

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**Please Read Carefully and Initial**

**Section I. Applicant's Statement** (Applicant must complete and sign this section in agreement to abide by the regulations set forth herein)

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**This application does not constitute membership in the Inland Empire Track Club. It will be reviewed for consideration by the coaches and staff of the organization. This application must be completed for consideration. I agree that all established and forthcoming rules regarding certification, membership, eligibility, local regulations and U.S. Track and Field regulations will be adhered to. \_\_\_\_\_ (Initial)**

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1. I will maintain high academic standards.
2. I will follow the Inland Empire Track Club's Creed.
3. I will maintain the highest level of respect for coaches, staff, peers and competitors.
4. I will respect the decisions of officiates and refrain from any unsportsmanlike conduct both verbal and physical gesturing at all times.
5. I will always use appropriate language refraining from profanity and outburst.
6. I will dress in the designated uniform for track meets and dress appropriately for practices.
7. I will utilize all equipment responsibly.

**Stallion's Name \_\_\_\_\_**

**Date of Birth \_\_\_\_\_ Age \_\_\_\_\_**

**Stallion's Address \_\_\_\_\_**

**City & Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_**

**School \_\_\_\_\_ Grade \_\_\_\_\_ Grade Average \_\_\_\_\_**

**Email Address \_\_\_\_\_ Signature \_\_\_\_\_**

**Stallion's Name \_\_\_\_\_**

**Section II Parent/Guardian Acknowledgement and Consent** (Please sign below)

**Release:** I give my consent for the above-mentioned child to participate in the activities of the Inland Empire Track Club during the specified season. (\_\_\_\_ Initial)

**Declaration:** I submit that the information provided in this application is accurate and true. I further understand and agree with each statement herein. I also agree that the applicant will remain with the Inland Empire Track Club until properly released. (\_\_\_\_ Initial)

**Commitment:** I acknowledge that I am obligated to pay the \$270 membership fee in order to join the team. This fee covers the 6 month track season. There are no refunds should my child's participation waiver during the season. (\_\_\_\_ Initial)

**Media Release:** I grant the Inland Empire Track Club organization and it's affiliates permission to photograph, video tape, audio tape, duplicate, and publicize the image and likeness of my child for purposes of publicity and training. (\_\_\_\_ Initial)

**Mandatory Participation** As parent/legal guardian, I agree to participate in Inland Empire Track Club Fundraisers. (\_\_\_\_ Initial)

**Required Documentation:** I understand I will need to provide a copy of my birth certificate and my USA Track and Field Membership number by March 2, 2019.

My USATF Membership # is \_\_\_\_\_

If I am not yet a member, I will go online to <http://www.usatf.org> and register (\$20.00 fee).

IE Stallions Club #33-0527. Please make sure you choose the correct club. (\_\_\_\_ initials)

**Insurance:** I understand that the Inland Empire Track Club Organization maintains limited secondary insurance for medical/hospital expenses particularly when and where there is valid and collectible primary coverage provided by the applicant's parent/guardian. Any claim for medical services arising from Inland Empire Track Club activity must be reported to a coach or staff member within 10 days of the date of injury. Please note primary insurance below or indicate none if applicable. (\_\_\_\_ Initial)

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Employer \_\_\_\_\_

**Medical Treatment Authorization:** In the event of an injury or illness to the above named applicant, I hereby grant authority to a qualified physician to render medical treatment to the applicant, as the physician deems necessary upon presentation of this consent form.

I declare that I am the parent/legal guardian of \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian)

Printed \_\_\_\_\_