

THE ARIZONA CHEETAHS TRACK CLUB

2021 APPLICATION TO PARTICIPATE

Male
 Female
 Handicapped/Disabled
 New USATF Member
 Renewing USATF Membership

Name: _____ Age: _____ Grade: _____ Birth Date: _____

Address: _____ School Name: _____

Home Phone: _____

USA Citizen Yes No
 If no, country of Citizenship _____

ETHNICITY:
 Hispanic or Latino
 Not Hispanic or Latino

RACE: White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander

Black /African American & White
 Other Multi-Racial: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

MEDICAL HISTORY: (If you answer yes to any of the items below, please provide explanation along with dates and treatment on a separate sheet of paper)

Asthma	Y	N	Surgery in Past Year	Y	N
Allergies	Y	N	History of Heart Murmur	Y	N
Glasses/Contacts	Y	N	Kidney Disease	Y	N
Fractures within Past Year	Y	N	Seizures (fits)	Y	N
Head Injuries	Y	N	Diabetes	Y	N
Serious Illness	Y	N	Tetanus (date of last shot):	_____	
Repeated Bone/Joint Injury	Y	N	Current Medication:	_____	
Bleeding Tendencies	Y	N	Name Of Family Physician:	_____	
Sickle Cell Tendency	Y	N	Phone#:	_____	

EMERGENCY MEDICAL RELEASE

I give permission for any emergency treatment necessary either on the practice field or on the game field. I authorize any hospital and/or physician to perform emergency treatments from any injuries resulting from any scheduled **ARIZONA CHEETAHS** function including the supervised travel to and from said functions.

_____ Date: _____
 Signature of Parent or Guardian

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The following are questions and concerns that have arisen and parental responsibilities:

At Each track meet the Arizona Cheetahs are responsible for the clerking table. The clerking table is set up for the athletes to check in for their events. **PARENTAL ASSISTANCE IS MANDATORY!**

We have several concession stands sponsored by the Cheetahs throughout the year. **PARENTAL ASSISTANCE IS NEEDED TO WORK IN THE CONCESSION STANDS.** This is a fundraiser and the more donations, the more money coming in. Our clerking duties still remain even when we have concessions.

Please keep track of your child's times and help them to set goals. Come up with a time that is a little faster and put on the refrigerator. When that goal is reached set another one. This way your child will stay encouraged and see how they are improving – even if they are not winning, they will know that they are doing their best.

If your child will miss a track meet, be late or leave early, **PLEASE LET US KNOW VIA EMAIL AS SOON AS POSSIBLE.** It takes 4 people to run a relay and when someone is missing, it hurts the other 3 runners. Also, we don't spend unnecessary funds.

Relays – We make some of the relays so each child gets a ribbon or even a medal who won't normally get one in an individual event and getting this ribbon or medal makes them feel good. Other relays are put together for competitiveness and just because your athlete is put on a relay **DOES NOT** mean that they will always remain in that position. **Relay positions are NOT definite and must be earned** – even if your child is on the relay all the way up to State or even Regionals they can be moved because when travelling we need to take the fastest 4 to be competitive. Your child may be moved on or off a relay at various times during the track season. At the end of the season, a person may end up on a relay that may not have run on it before. This is done because sometimes to let a child run in individuals up to State because they are performing well, but in Regionals they would be better utilized on a relay – which means, they would replace someone that has run consistently slower. We monitor each child's individual times all season and know which moves need to be made. This is because the meets get bigger and more competitive. If you do not understand - please ask.

Your child may be required to run in many different events throughout the year. We are not perfect and welcome all suggestions, however, we urge parents to trust our judgment. We are trying to find the best event for each athlete and get times for each athlete in all events. At times, a mistake can be made on the entry forms, as we enter over 100 athletes each track meet. If this happens to your child, **please** address this with a coach at practice only. **No unnecessary changes will be made on the day of the meet.** There will be absolutely **no** discussions regarding running events, times, relays, etc. at any track meets.

Parents please try not to complain and/or put the coaches down in front of your child or the other athletes on the track. If you are angry and upset about something – your child will more than likely become upset and angry which affects their performance and their attitude towards the coaching staff. The same goes for acting negatively about decisions the coaches make – if you are positive about it and realistically explain to your child why a decision was made, your child will act positively.

In order to keep communication lines open and for the season to run smoothly, we urge all parents to **please address any problems, concerns or issues as soon as they arise.** This will keep the dissention level down. We really do need the parents on our side when decisions are made. While we can't please everyone, we would like to see what we could do to make the season go as smooth as possible. Just talk to us.

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Although we require fees to be paid, those fees are absorbed by payments to USA Track & Field for membership, insurance, uniforms, track meets, etc. Therefore, ongoing donations from parents, friends, family, businesses and other organizations are needed. If you know of an organization that donates money, please let Coach Yative know. Please check with your employers to see if they give charitable contributions. Most business will either match your donation or give funds if their employees volunteer and some will just give because it is a worthy cause. Also, if some families can afford to pay for another athlete in addition to their own, we encourage you to do so. We are a 501(c)(3) tax-exempt non-profit organization. As many of us are giving to other charitable organizations, please consider the Arizona Cheetahs as part of your giving this year. See Coach Yative for any paperwork needed for donations.

Our fee is a flat fee which is due and payable at registration. It is not prorated or adjusted to the number of meets you plan to participate in, when you join or anything else. The entire fee of **\$350** must be paid in full no later than **Monday, March 1, 2021**. At least **\$200** is due at registration. **If you have any problems paying, please contact us immediately to make payment arrangements.** All financial records are kept completely confidential so no one knows who paid and who did not. **No refunds are given on fees for any reason and there are no exceptions to this rule.**

My signature below acknowledges that I have read and understand the above.

Parent's Name: _____

Date: _____

Parent's Signature: _____

Child's Name: _____

NO LAY DOWN RULE

Each athlete is expected to perform to the best of their ability at all times. If you lay down or do not perform to the best of your ability, you may be required to run up an event(s) until you perform to the coach's satisfaction at which time the coach will move your back to your former event(s). **Example:** If your child normally runs the 100 and 200, they will be required to run the 200 and 400 meter dash and on up.

I, _____ understand that I am to compete in all my events to the best of my ability. If I choose not to compete in my event(s), I may be required to run up one event until I perform to the coach's satisfaction at which time the coach will move me back to my former event(s).

ATHLETE

PARENT

(Signature)

(Signature)

(Printed)

(Printed)

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MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

I, _____, hereby grant the trained staff of the Arizona Cheetahs, the authority to obtain and perform medical treatment for the following child(ren):

The Arizona Cheetahs are authorized to:

- Obtain medical treatment and procedures for the child(ren) as may be appropriate in emergent circumstances, including treatment by physicians, hospital and clinical personal, and other appropriate health care providers and training staff we may have.
- Obtain routine medical treatment from appropriate health care providers in symptoms of illness occur (e.g. fever, coughing, irregular breathing, unusual rashes, swallowing problems, Muscle soreness and pain, etc.).

This grant of temporary authority shall begin on January 9, 2021, and shall remain effective until terminated by the undersigned.

In case of emergency, the care provider(s) should first try to contact the parent(s). If the parent(s) cannot be reached, the care provider should the contact the following person(s):

Name: _____ Relationship to Child: _____

Preferred Phone Number: _____ Alternate Phone Number: _____

If the child(ren) become ill, the care provider(s) will to contact the parent (s). If the parent(s) cannot be reached, the care provider should contact the following physicians:

Name of Physician: _____ Phone Number: _____

If the child(ren) need hospitalization, the preferred choice is:

Hospital preference: _____

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance Company: _____

Policy Number: _____

Name of Policy Holder: _____

Dated: _____ Parent Signature: _____

(If form is for multiple children, please make one copy for each child's file.)