



P.O. BOX 2098, Loves Park, IL 61130-0098
(815) 977-0171 email: Illinoisjets@rocketmail.com
Website: www.illinoisjetstc.com

Athlete #1 Information

Athlete's First Name: _____ MI: ___ Last Name: _____
Gender (Circle One): Male Female Date of Birth (MM/DD/YY): _____
Family e-mail address: _____
Day Phone: _____ Evening Phone _____
Address: _____ City: _____ Zip: _____
Athlete's Age as of 08/31/2012: _____ Grade in School: _____ Name of School: _____
Uniform (Circle One): Youth Small Youth Med. Youth Lg. Adult Small Adult Med. Adult Large Adult XL

Athlete #2 Information

Athlete's First Name: _____ MI: ___ Last Name: _____
Gender (Circle One): Male Female Date of Birth (MM/DD/YY): _____
Family e-mail address: _____
Day Phone: _____ Evening Phone _____
Address: _____ City: _____ Zip: _____
Athlete's Age as of 08/31/2012: _____ Grade in School: _____ Name of School: _____
Uniform Size (Circle One): Youth Small Youth Med. Youth Lg. Adult Small Adult Medium Adult Large Adult XL

Parent/Guardian Information

First Name: _____ Last Name: _____
Relationship to Player(s): _____ Parent/Guardian Date of Birth: _____
Emergency Contact Person: _____ Emergency Contact Phone: _____

Method of Payment: Please Circle

_____ Indoor \$250.00 w/out uniform _____ Indoor \$400.00 w/uniform/warm-ups/t-shirt
_____ Installments of 4 @ \$43.75 after \$75.00 deposit _____ installments of 4 @ \$81.25 after \$75.00 deposit w/uniform
Cash: \$ _____ Check/Money Order: \$ _____ # _____ Program Start up fee: _____
4th installment Paid: _____
Volunteer interest: Field Coach Assistant Coach /Parent Leader Fundraisers program leader
Full Name of Volunteer: _____ Phone Number _____

Please read the Waiver and Release attached

Coaches and Volunteers Needed



Illinois Jets Youth Track and Field Organization Release:

CONSENT TO PARTICIPATE AND ALLOW MEDICAL TREATMENT (____) Initial

I hereby consent to my child participating in the Illinois Jets Youth Track and Field Club Organization 2009/2010 season. I consent and grant permission to the Coach and/or Assistant Coach, or any authorized Club official, to obtain any medical care necessary as a result of injuries sustained by my child participating in this activity.

ATHLETIC WAIVER AND RELEASE OF LIABILITY (____) Initial

In consideration of being allowed to participate in the Illinois Jets Youth Track and Field Club Organization, the undersigned parent (s) or legal guardian(s): Understand that track and field is a sport in which the possibility of injury exists to track and field athletes. It is understood and agreed that the Illinois Jets Youth Track and Field Club Organization, AAU, USATF, Rockton School District 140, Community High School District 207, Rockford School District 205, Rockford YMCA, and Rockford Park District are not responsible or liable for any personal injury or accident which occurs while participating in any activity sponsored by the aforementioned parties.

PARENTAL RESPONSIBILITY (____) Initial

(1) Illinois Jets Youth Track and Field Organization is not a baby-sitting service. One parent or guardian will be at the practice or tracks events, and/or training facilities. If I am unable to be there, I will inform the coach who then will be the guardian of my child during that time if my child is 12 or older, if my child is 11 or younger; I will attend practices/events or will arrange for an alternate adult to attend in my place. (2) I also agree to pick up my child or arrange for transportation in a timely manner from all practices and track events. Repeated failures to pick up child on time may result in child's suspension from the club.

REFUND POLICY (____) Initial

No refunds will be given. Insurance and association fees are paid immediately after registration. The IL Jets and insurance company will not give refunds to local clubs or parents.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE PROVISIONS CITED ABOVE AND SIGN THIS FORM VOLUNTARILY.

Signature of parent/guardian: _____ Date: _____

Photograph Release:

I hereby grant the Illinois Jets Youth Track and Field Club Organization (hereafter known as "IL Jets") the absolute and irrevocable right and permission to use, reuse, and publish all pictures of me or my child taken during the season, at practices, meets, and events. I fully understand that I hold no control over the use of the photograph(s) of which I or my child is a part. Further, I grant to the IL Jets, and those who the program may represent, the right to use my name or my child's name. I hereby release the IL Jets from any and all claims and demands arising out of, or in connection with, the IL Jets, as well as the person(s) who took the photograph(s). **I have fully read the foregoing and completely understand the contents.**

Signature of parent/guardian: _____ Date: _____