



PLYOMETRIC FUSION



(Athlete's Name)

Team Registration Packet





PLYOMETRIC FUSION



Are you a returning member?

Yes – continue completing the Membership Application.

Membership Application

Date: _____

USATF/AAU Membership #: _____

- Athlete (Competing): \$100
- High School Athlete: \$100
- Conditioning Only: \$200
- Sibling Discount (\$20 off): _____

(List at least one sibling)

TOTAL: _____

Child/Youth Information

Last, First Middle: _____ DOB: _____ Grade : _____

Has your child participated in track and field: Yes No Boy Girl

Parents/Guardians Information

Last, First: _____ Relationship: _____

Address: _____ Home: _____ /Cell: _____

Email #1: _____ Email #2: _____

Emergency Contact Information

Last, First: _____ Relationship: _____

Home: _____ /Cell: _____ /Work: _____

Medical Information

Medical Group/Dr. _____ Phone: _____

Address: _____

Allergies: Yes None

Medications: Yes None



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I _____, the parent/legal guardian of _____,
a minor hereby give my permission to become a member of the PlyometricFusion Track & Field Club.

Parent/Legal Guardian Signature: _____ Date: _____



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Liability Waiver

I represent that I am the parent or legal guardian of _____, a minor child, and that I have completed all the required registration forms. By my signature below, I hereby give my consent for the above named child to participate in practices, track meets, road races, travel and other activities sanctioned, sponsored, and/or attended by PlyometricFusion-TC (PFTC). I authorize the Coaches, Executive Director or staff members to sign the standard athlete’s release form when entering my child in any AAU/USA Track & Field sanctioned event. Should my child or I decide to withdraw from participation in the club and its activities, I agree to notify the Head Coach in writing that I am withdrawing my child. I understand that I forfeit all fees paid.

Furthermore, in consideration of my child’s acceptance in PFTC, I hereby indemnify and hold harmless the PlyometricFusion-TC, its coaches, agents, employees, servants, or volunteers, AAU, USA Track & Field, Southern California Association of USA Track & Field, its officers, agents, servants and employees against any and all rights and claims which I have or which may arise in conjunction with my child’s participation or travel to and from practices, track meets, road races, or other activities sanctioned, sponsored and/or attended by PlyometricFusion-TC, AAU, or USA Track & Field.

In the event the need for emergency medical treatment arises and reasonable attempts to contact me at the number on file with PFTC have been unsuccessful, by my signature below I hereby give my consent for the administration of any emergency medical treatment deemed necessary by Medical Provider or Dr. (please list) _____, my preferred physician, whose phone number is _____; or in the event the preferred practitioner is not available I give my consent for the administration of emergency medical treatment by an emergency medical team, licensed physician or hospital chosen by PFTC. Facts concerning the child’s medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted are listed below. I represent that the list below is current and accurate and includes all allergies. The undersigned further represents that the list below named child is physically fit and physical impairments that will in any way effect the child’s participation have been brought to the attention of PFTC in writing.

Athlete (Print): _____ Signature: _____

Date: _____

Parent (Print): _____ Signature: _____

Date: _____



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Athlete Code of Conduct

Members of the PlyometricFusion Track Club are required to conduct themselves in an appropriate manner that reflects the belief and philosophy of the club. PlyometricFusion Track Club members are required to:

Fulfill the responsibilities as well as expectations of being a PlyometricFusion Track Club track athlete:

- Be honest, respectful and reliable at all times.
- Make a commitment to sports training and follow through with that commitment.
- Dedicate yourself to improving, both as an athlete and as a person.
- Follow the policies and procedures of the PlyometricFusion-TC.
- Maintain a (2.5 GPA or higher) along with good citizenship.

Set an example for other athletes:

- Refrain from using profanity.
- Avoid any behavior that may be misunderstood or misinterpreted by others.
- Maintain self-control at all times.
- Treat everyone fairly.
- Show good sportsmanship to everyone on and off the track.

I have read and understood the requirements of this Athlete Code of Conduct. I understand that I am expected to perform according to this code.

Athlete Signature

Date

Parent/Guardian Signature

Date



PLYOMETRIC FUSION



Parent Code of Conduct

I will enjoy the benefit of my child’s participation in an athletic sports program.

- I will trust in my child’s ability to have fun as well as to perform and achieve excellence on his/her own.
- I will help my child to learn the **right lessons from winning and losing** and from individual accomplishments and mistakes.
- I will respect my child’s teammates and fellow parents as well as the players, parents and coaches from opposing teams.
- I will only give encouragement and only applaud positive accomplishments whether for my child, his/her teammates, their opponents or the officials.

I will respect my child’s coach and support his/her efforts.

- I will not instruct from the sidelines unless requested by the coach.
- I will insure that my child will attend all track meets and practices and if not possible, I agree to inform the coach 48 hours in advance.
- I will respect all facilities made available so my child can practice his/her sport.
- I will refrain from using any profanity during practice or while attending any event associated with the PlyometricFusionTC.
- I will refrain from discussing team business outside of track meeting. (No Exceptions)
- I will respect the officials and their authority during track sporting events.
- I will never demonstrate verbal or abusive behavior.
- I will be responsible to report any perceived misconduct by coaches, athletes, parents and officials so it can be dealt with in an appropriate manner.
- I will follow the policies and procedures of the PlyometricFusionTC.
- I will respect the coach’s decision with respect to relays, fully understanding that the coaching staff has full discretion to alternate and/or change individuals on relays as they see fit; and at any time during and throughout the season, including post-season.

I have read and understood the requirements of this Parent Code of Conduct. I understand that I am expected to perform according to this code.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



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Refund Policy

NO REFUNDS after May 31st

All funds collected are used for athlete registration, operations cost, uniforms and weekly event fees.

- Before joining the team, please be sure you and your child want to participate.
- Because the uniforms are custom made we cannot exchange or refund these items.
- Athletes will not be allowed to participate with the team until all fees have been collected or at the discretion of the Head Coach or President.
- No athlete will be allowed to practice, compete or travel if there is an unpaid balance after the deadline.
- **There will be no swap out of uniforms this summer. I encourage you to try on sample uniforms that will be available at Varsity meets. Please don't assume all compression uniforms are the same.**

By signing, I acknowledge that I understand and that I am expected to follow these guidelines.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



PLYOMETRIC FUSION



Payment Plan Contract

This document is by and between _____ and the PlyometricFusion Track Club, on behalf of:

1. _____ (Athlete)
2. _____ (Athlete)
3. _____ (Athlete)

This document is to serve as a formal **payment plan** for the team's registration cost of \$_____. I have agreed to pay \$_____ as the initial down payment on _____ (insert date).

I will make the following payments on schedule until the balance is paid in full.

Payment #1: _____ on _____.

Payment #2: _____ on _____.

I understand that if I miss any of the outlined payments my child(ren) will not be allowed to participate in any further team practices or track meets until all financial obligations are met.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



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What's covered in Team Registration Fees?

NOTE: All the track meets during Post Season are "Optional". You pay for only the meets that you wish to participate in. No refunds on meets after they have been purchased.

Both AAU and USATF track meets can be purchased

AAU Track Meet Option's

- \$55.00 Uniform (Compression Top/Bottom)
- \$25.00 (AAU) Region 23 Junior Olympic National Qualifier event fees (San Diego)
- \$45.00 (AAU) West Coast Junior Olympic Games Event Fees (Reno)
- \$30.00 California Games
- \$45.00 Hydration for meets, Participation Medal, Facilities, administrative processing & incidental fees
- **\$48.00 AAU Junior Olympic Games (Ypsilanti, Michigan)**

USATF Track Meet Option's

- \$55.00 Uniform (Compression Top/Bottom)
- \$30.00 USATF LA Jets (Optional) Last Qualifier for USATF
- \$30.00 USATF SCA Championship*
- \$30.00 USATF Region 15 JO Championship*
- \$30.00 USATF California State Games, (San Diego, Ca)
- **\$25.00 USATF National Junior Olympic Games (Lawrence, KS)**

Summer Training Package - \$200

- Designed for the athlete who wishes to train with the team and hone bio-mechanic skills and techniques with top coaches in the area, but does not wish to compete in any meets.

NOTE: Each athlete will be responsible for purchasing their own AAU/USAFT card. If you have not already purchased your AAU/USATF card you will be able to do it at the time of registration. Payment plans are available, a minimum of \$55 is required to sign up once general registration opens on May 6.

- **Sibling Discount: \$20 off (first child must be paid at full registration costs)**
- **In order to participate in the 2017 USATF Junior Olympics in Lawrence , Kansas the meets defined with (*) must be run sequentially)**



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Team Registration Checklist

PARENT	PLYOMETRICFUSION REGISTRAR
<input type="checkbox"/> Email Notification	<input type="checkbox"/> Email Notification
<input type="checkbox"/> Membership Application	<input type="checkbox"/> Membership Application
<input type="checkbox"/> Liability Waiver	<input type="checkbox"/> Liability Waiver
<input type="checkbox"/> Athlete Code of Conduct	<input type="checkbox"/> Athlete Code of Conduct
<input type="checkbox"/> Parent Code of Conduct	<input type="checkbox"/> Parent Code of Conduct
<input type="checkbox"/> Uniform Order	<input type="checkbox"/> Uniform Order
<input type="checkbox"/> Payment Plan Contract (If Applicable)	<input type="checkbox"/> Payment Plan Contract (If Applicable)
<input type="checkbox"/> AAU Membership (New Members only)	<input type="checkbox"/> AAU Membership (New Members only)
<input type="checkbox"/> USATF Membership (New Members Only)	<input type="checkbox"/> USATF Membership (New Members Only)
<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Copy of Birth Certificate

Please turn in the following information to the Registrar at practice

TEAM WEB SITE:

www.plyometricfusion.com/post_season.html