



# 2019 Team Waco Summer Track & Field Registration



<b>FEES:</b>	<b>Early Registration: April 1 – May 17, 2019</b>	<b>\$60.00 per child</b>
	<b>Late Registration May 20, - May 24, 2019</b>	<b>\$75.00 per child</b>

Fees will cover the cost of your TAAF registration, Team Waco t- shirt and training. These fees may be paid at the City of Waco Parks & Recreation Dept. located at 201 W. Waco Dr. on the 2<sup>nd</sup> floor or over the phone by calling 254-750-5875. The fees **must be paid to the City of Waco no later than May 28, 2019.**

Team Waco will participate in several track meets this summer at which each child will pay \$5 to enter and participate in unlimited number of events. However, entry fees for the Regional Meet will be \$7 per event that the child wishes to participate in. Regional fees must be paid before the child can participate at the Regional Meet. Athletes that advance from the Regional Track Meet will compete in the 2019 Games of Texas State Track Meet, which will be held in College Station, TX July 25 – July 28, 2019.

**POLICIES:** Before the athlete will be allowed to practice and compete with Team Waco, the following items must be turned in to the City of Waco Representative:

1. **Birth Certificate** (If you ran with us last year, please note on form because we **MAY** have one on file)
2. **All City of Waco & T.A.A.F. participation and release forms (Must be done each year).**
3. **Registration fee**

**PARENT MEETING:** Tuesday, May 14, 2019 @ 6 p.m.

**Hart-Patterson Track & Field Complex (501 S. 32<sup>nd</sup> Street, Waco, TX)**

- TEAM RULES:**
1. You should make an honest effort to be at every practice.
  2. All participants **MUST** sign in **EVERY DAY** when attending practices.
  3. **Relay teams are decided by the coaches.** Be sure to let them know if you are interested.
  4. When we are visiting at other meets, always be respectful. You are representing the City of Waco. Show pride in both yourself and your community.
  5. Disrespectful behavior towards coaches, volunteers or teammates will not be tolerated and is grounds for removal from the Summer Track Program. If you are removed from the program for disciplinary reasons – no refund will be given.

**CONTACT NUMBERS:** Athletic Office (254) 750-5875  
Email [jimmyg@wacotx.gov](mailto:jimmyg@wacotx.gov)

Cynthia Simms (254) 750-8071  
Email [cynthias@wacotx.gov](mailto:cynthias@wacotx.gov)



**SUMMER TRACK PROGRAM  
PARENTAL CONSENT AND RELEASE**

Child's Name (Legal): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Child's Gender: Male Female

Child's Shirt Size (circle one): YOUTH - S M L ADULT - S M L XL 2XL 3XL 4XL

Parent(s)/Legal Guardian(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, hereby release and hold harmless the City of Waco, Texas, its officers and employees, from any and all liability in connection with the Summer Track Program which will be held at various locations in the City of Waco and the state of Texas.

This is to release the City of Waco, Texas, its officers and employees from any responsibility for any loss, delay, injury or damage with respect to the above-designated minor or his/her property, however arising or caused.

I therefore understand that the City of Waco, Texas has acted as an agent for me the undersigned in providing equipment and training for the above-designated minor in conjunction with the above-stated program/activity, and that the City of Waco is not to be held responsible for any act, error, omission, or incident involving the above-designated minor during the time he/she is participating in the program or activity and that the undersigned hereby discharges the City of Waco, its officers and employees, from any and all future liability which may be caused or arise, whether arising from the negligence of any City of Waco officer or employee or the negligence of any third party, whether or not connected with or contracted with by the City of Waco in connection with the program or activity. By signature herein, I also grant to the City of Waco permission to obtain emergency medical care if necessary.

Signed: \_\_\_\_\_

(Parent or Legal Guardian)

Date: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Doctor's name: Office Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_



2019

# Texas Amateur Athletic Federation Participant's Release and Waiver of Liability

Participant's name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Membership Name: \_\_\_\_\_ Sport \_\_\_\_\_

I ("Participant") do hereby voluntarily submit my application to compete and in consideration of being allowed to participate in any Texas Amateur Athletic Federation ("T.A.A.F.") sanctioned competition (the "Competition"), do hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the Competition and to use my name, likeness, voice and biographical information concerning me in connection therewith. I assume all risks associated with my participation in the Competition and I do hereby, on behalf of myself and my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate, waive all claims against and release and agree to hold harmless T.A.A.F., the sponsors of the T.A.A.F. competition (the "Sponsors"), the venue owner (the "Owner") and the host city (the "Host"), and their respective directors, officers, agents, employees, successors and assigns, and all those in any way connected with the running and management of the Competition, from and against any and all damages, liabilities, actions, causes of actions, losses, costs, expenses, claims and demands arising out of or in connection with my participation, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of T.A.A.F., a Sponsor, an Owner and/or the Host.

**I am fully aware of my personal physical and medical condition, and hereby acknowledge that I am physically fit to compete in the Competition. I am prepared to follow the rules governing the Competition in a safe and disciplined fashion. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Minor (Under 18 years of age)

**DO NOT WRITE BELOW THIS LINE**

Date received \_\_\_\_\_ T.A.A.F. Registration # Assigned \_\_\_\_\_  
Processed by \_\_\_\_\_ Entry Fee Paid \_\_\_\_\_

T.A.A.F., P.O. Box 1789, Georgetown, TX 78627-1789  
512 863-9400 Fax: 512 869-2393 Website: [www.taaf.com](http://www.taaf.com)  
Email: [mark@taaf.com](mailto:mark@taaf.com) or [kmcgrath@suddenlinkmail.com](mailto:kmcgrath@suddenlinkmail.com) or [gstegeer@suddenlinkmail.com](mailto:gstegeer@suddenlinkmail.com)