



# Glencadia Bullets Track and Field Club

## Registration Form for 2026 USATF season

Athlete \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If known) USATF Membership # \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian(s) Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Parent/Guardian(s) Cell (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Parent/Guardian(s) Emails: (Mother) \_\_\_\_\_

(Father) \_\_\_\_\_

Athlete's existing medical conditions, allergies and/or medications: \_\_\_\_\_



### Parent / Guardian agrees to:

**Consent to Participate:** I understand there are inherent risks for injury involved in participation in the sport of track and field and road racing. I hereby assume such risks for the athlete during his/her athletic participation in, and travel to and from, track and field meets, road races, and or practices and hereby consent to his/her participation and said travel.

### READ BEFORE SIGNING

IN CONSIDERATION OF my child, \_\_\_\_\_ (name of child) being allowed to participate in any way with the Glencadia Bullets Track and Field Club, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,\

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Glencadia Bullets Track and Field Club and the Glencadia Rod and Gun Club; its coaches, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**1** Checks should be made payable to Glencadia Bullets. Forms and payment can be turned in at the first practice. Email [glencadiabullets@gmail.com](mailto:glencadiabullets@gmail.com) with any questions.

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Child: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**UNDERSTANDING OR RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child: \_\_\_\_\_

Signature of Child: \_\_\_\_\_

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

**Medical Insurance:** As I have agreed to assume the risk and responsibilities for any injuries that may occur in connection with the athlete's participation in, and travel to and from, track and field meets and road racing, I also affirm that I have medical insurance to cover any such injury.

**Athlete's Insurance Company is >>** \_\_\_\_\_

**In Case of Injury:** I consent to allow the coach and or competent medical personnel to act as first respondent to administer initial first aid. I do request however, (that if I am not at the site/event), the coach(s) first attempt to contact me prior to seeking any advanced medical treatment.

**Indemnity:** Parent/guardian including athlete, agree to indemnify and hold harmless the Glencadia Bullets Track and Field Club and coaches from all rights and claims for damages, which may occur with the athlete's participation in track and field meets, travel, road races and practices.

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Glencadia Bullets Track and Field Club

## 2026

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### Parent Consent Form

I \_\_\_\_\_ hereby give permission for my child \_\_\_\_\_ to travel with the Glencadia Bullets Track and Field Club for the 2026 Season. In the event my child becomes ill and/or injured and requires medical attention, all reasonable efforts will be made to contact me and obtain any required consent for medical care. In situations where I cannot be reached, and such delay creates a risk to my child; the Glencadia Track and Field Club will use this form to obtain medical records to seek care and treatment for my child, and I hereby authorize my child's coach to act on my child's behalf.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Name of Insurance Carrier

\_\_\_\_\_  
Policy/Member #

Please list below any special medical conditions, or medications currently being used.  
If none please indicate NONE:

\_\_\_\_\_

Please note: a photo waiver form is available, should parents wish to complete one.

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# Glencadia Bullets Track and Field Club

## 2026

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### Code of Conduct

I \_\_\_\_\_ agree to conduct myself in a courteous and

respectful manner at all times. I understand that I am representing the Glencadia Bullets Track and Field Club and USATF and will respect others on and off the track. I understand that if I break this contract that it can result in my removal or suspension from the team. I understand that participating with the Glencadia Bullets Track and Field Club is a privilege rather than a right and I will not conduct myself in any manner that is inappropriate or unbecoming to the Glencadia Bullets Track and Field Club.

#### TEAM GUIDELINES:

- Support other team members in a positive fashion.
- Coach's decision is the final decision.
- No swearing or back talk to Coaches, Parents, or Officials.
- Be considerate of all other team members.
- No walking off of the track during the meet.
- USATF is a smoke, drug and alcohol free association.
- Obey team rules and curfews.
- Good sportsmanship must be displayed at all times.
- Be good citizens on and off the track.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

- I have received a copy of the Parent Information and Code of Conduct. I have read and will adhere to the rules of the Glencadia Bullets Track and Field Club.**

\_\_\_\_\_  
Parent's Signature