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(Athlete's Name)

## Team Registration Packet



# Welcome to Pacific Coast Shockwaves!

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**RETURNING MEMBERS DO NOT NEED TO COMPLETE THIS TASK. WE WILL HANDLE IT.**

## STEP 1 – COMPLETE USATF MEMBERSHIP (NEW MEMBERS ONLY)

- Log-on to [www.usatf.sport80.com](http://www.usatf.sport80.com) (click Join/Renew Now)
  - Click For Individual Members
  - Follow prompts to complete your new membership (provide a copy to your GM)
  - Contacts: Bernard Mainvielle (310) 780-2422. LaMonica Bryson (714) 588-3706
  - Michael Bryson (714) 588-3705
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## STEP 2 - Email Notification – IMPORTANT

### Did your child run for another track club last season?

Yes – Then you **MUST** 1<sup>st</sup> Renew your USATF Membership (See step 1 above), then submit a Transfer Request. Transferring is done through the USATF Connect Member Portal. PCS USATF Club# is 33-0618. Athletes cannot participate for two teams within a 90-day period.

**Step #2** – Continue completing the Membership Application.

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### Are you a returning member?

Yes - continue completing the Membership Application.



# Membership Application

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

New and Returning Training Fee: \$250

Uniform (if needed): \$40

Warm-up suit: \$50

USATF Membership #: \_\_\_\_\_

Conditioning Only: \$250 (Must Notify Coaches)

Total: \_\_\_\_\_

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## Child/Youth Information

Last, First Middle: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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## Parents/Guardians Information

Last, First: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ /Cell: \_\_\_\_\_ /Work: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

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## Emergency Contact Information

Last, First: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ /Cell: \_\_\_\_\_ /Work: \_\_\_\_\_

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## 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 Pacific Coast Shockwaves Track & Field Club.

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

## 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, cross country events, travel and other activities sanctioned, sponsored, and/or attended by Pacific Coast Shockwaves (PCS). I authorize the Coaches, Executive Board members or staff members to sign the standard athlete's release form when entering my child in any 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. Additionally, I agree to pay for any unpaid fees in accordance with the type of membership in which I had chosen.

Furthermore, in consideration of my child's acceptance in PCS, I hereby indemnify and hold harmless the Pacific Coast Shockwaves, 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 Pacific Coast Shockwaves, AAU, or USA Track & Field. Additionally, I give my permission to PCS to use photos and video for promotional purposes.

In the event the need for emergency medical treatment arises and reasonable attempts to contact me at the above numbers 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 PCS. Facts concerning the child's medical history including allergies, medications begin 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 PCS in writing.

Athlete (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

## Athlete Code of Conduct

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

**Fulfill the responsibilities as well as expectations of being a Pacific Coast Shockwaves track/XC athlete:**

- Be honest, respectful and reliable at all times.
- Make a commitment to sport 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 Pacific Coast Shockwaves.
- 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 Signature

\_\_\_\_\_  
Date

# Parent Code of Conduct

## I will enjoy my child’s opportunity to experience the benefits of sport.

- 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 give only encouragement and applaud only 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 asked to 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, or sooner based on the particular event deadlines.
- I will respect all facilities made available so my child can practice his/her sport.
- I will respect any equipment or uniforms that may be loaned to my child so that he/she can participate.
- I will refrain from using any profanity during practice or while attending any event associated with the Pacific Coast Shockwaves.
  - 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 and 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 Pacific Coast Shockwaves.
  - 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.

***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 Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Refund Policy

- There are **NO REFUNDS**. All funds collected are used for athlete USATF/AAU registration, operations cost, uniforms, warm-ups and event fees.
- Post Season event fees (registration only) will be collected at the Junior Olympics event.
- Before you join the team, please be sure you and your child want to participate.
- Because our uniforms and warm-ups 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.
- Before the first Competition meet all fees must be paid in full. If you owe any money, your child will not be allowed to participate in the meet. Payment Plans are available.
- If fees are still due after the deadline, your child will not be able to practice, compete nor travel.
- Fundraising minimums must be met prior to the Phoenix Invitational (typically early April)

## **NO EXCEPTIONS**

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Team Registration Checklist



Parent	Shockwave Representative
<input type="checkbox"/> Email Notification Form	<input type="checkbox"/> Email Notification From
<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"/> Refund Policy	<input type="checkbox"/> Refund Policy
<input type="checkbox"/> USATF Membership (New members)	<input type="checkbox"/> USATF Membership (New members)
<input type="checkbox"/> Copy of Birth Certificate (All new members)	<input type="checkbox"/> Copy of Birth Certificate (All new members)